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ABSTRACT

The document contains proceedings of the June, 1978 conference on the pre-vocational and vocational needs of deaf/blind youth. The report on the conference (which was conducted by the South Carolina Department of Education) consists of the following chapters and authors: "A Declaration of Rights of Deaf/Blind Persons" (G. Lawhorn), "Characteristics and Potentials of the Deaf/Blind Population - A Description of their Diverse Functioning Levels" (J. Tanana), "National Resources Serving the Deaf/Blind Youth - Helen Keller National Center and Helen Keller Affiliates" (D. Wyrick), "A Time for Parents to Think - Future Needs of Deaf/Blind Youth Approaching Adulthood" (M. Burley), "National Trends in Service Delivery Adults" (J. Burton), "Vocational Potentials of Congentially and Adventitiously Deaf/Blind Persons" (H. Anderson), "Pre-Vocational Services Provided to Deaf/Blind Youths at the California School for the Blind" (E. Greenleaf), "An Overview of Pre-Vocational Programming for the Deaf/Blind" (M. Minihane), Pre-Vocational Services Provided to Deaf/Blind Youths at the New York Institute for the Blind" (B. Kappen). (PHR)

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Pre-Vocational/ Vocational Needs of Deaf-Blind Youths

CONFERENCE PROCEEDINGS

Office of Programs for the Handicapped
South Carolina Department of Education
Robert S. Black, Director
Beth M. Marcum, Consultant

June, 1978

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INTRODUCTION

The South Carolina Department of Education, in cooperation with the South-Atlantic Regional Center for Deaf-Blind and the Bureau of Education for the Handicapped, has been contracting services for deaf-blind children in South Carolina since 1971. Of the ninety (90) deaf-blind children currently identified in South Carolina, forty-one (41) of these pupils are between the ages of fourteen (14) and twenty-one (21). This represents almost fifty percentum of the deaf-blind pupils in South Carolina who are rapidly approaching adulthood and may need some type of pre-vocational/vocational training.

We look with pride upon the progress made in South Carolina in providing educational programs for deaf-blind pupils; however, we realize that satisfaction with the past does not assure progress in the future. The educational and vocational needs of deaf-blind pupils are rapidly changing as they mature. It appears that educational programs developed for many of these pupils may no longer be appropriate in order to prepare them for future sheltered or independent employment in the community. As an initial attempt to meet these needs, a Pre-Vocational/Vocational Awareness Conference was sponsored by the Department of Education as an expression of the Department's concern relative to the future needs of deaf-blind children. The purpose of the conference was to serve as a stimulus for long-range planning for the development of pre-vocational/vocational services and programs for deaf-blind youths.

Conference participants included educators, vocational rehabilitation counselors and administrators from a variety of state/private agencies and local school districts serving deaf-blind pupils including the Department of Vocational Rehabilitation, Department of Mental Retardation, School for the Deaf and the Blind, and the Commission for the Blind. We realize that only through the cooperative efforts of these and other state and local agencies will pre-vocational/vocational programs be implemented to serve such a diverse and unique group of handicapped pupils as the deaf-blind. We hope that this publication will create an impetus for the long-range planning that is needed to develop effective vocational programs/services for every deaf-blind youth.

Beth M. Marcum, Consultant for Deaf-Blind
South Carolina Department of Education
June 30, 1978

A DECLARATION OF RIGHTS OF DEAF-BLIND PERSONS

Geraldine Lawhorn , Instructor
Hadley School for the Blind
Winnetka, Illinois

The Hadley School is an accredited correspondence school that offers free education by mail to visually handicapped persons around the world. Therefore, with concern for my students around the globe, I was gratified to know that the DECLARATION OF RIGHTS OF DEAF-BLIND PERSONS, adopted by the First Helen Keller World Conference on Services to Deaf-Blind Persons in New York last September apply not merely to the United States, but to deaf-blind citizens of all nations.

Article I

"Every deaf-blind person is entitled to enjoy the universal rights that are guaranteed to all people by the United Nations Declaration of Human Rights and the rights provided for all disabled persons by the Declaration of rights of disabled persons."

This is a most uplifting promise! And yet, it spells out a great responsibility. The article does not say these are rights for deaf-blind people only -- we are not going to sit back and get and get and get. These are Human rights, and to be a part of the human race, we must share the responsibility of making the plan work for everyone.

In the textbook, "INDEPENDENT LIVING WITHOUT SIGHT AND HEARING", by Dr. Richard Kinney, one of the questions asks, "Can you suggest ways in which a deaf-blind person might serve others?". Most of the students relate ways in which they have helped their families, churches and community groups. But one man declared, "This question makes me realize that I never thought of helping others, only of how others should help me. Helping others might bring me more happiness--I've decided to try it."

This attitude should be a part of our education and rehabilitation. The child should grow up with an awareness of the rights of others; deaf-blind youths and adults must be considerate; elderly people, upon losing sight and hearing

should be encouraged to adjust and accept rehabilitation because their family and friends love them and are concerned for their comfort. Then, we are ready to enjoy the universal rights which are guaranteed to all people.

Article II

"Deaf-Blind persons have the right to expect that their capabilities and aspirations to live a normal life within the community and their ability to do so shall be recognized and respected by all governments, administrators, educational and rehabilitation personnel and the general public."

The fact that the Helen Keller National Center for Deaf-Blind Youths and Adults is established in New York with regional centers across the nation is a manifestation that our government has faith in us. For many years, the life of Helen Keller was only a beautiful legend, a miracle limited to one teacher and one salient student. I'm sure that when Miss Keller was a child, there were many other deaf-blind children in the world. Now we know that Helen Keller's achievements were more than a miracle. They were proof of what an intelligent child (regardless of physical condition) can do if given proper attention. The First Helen Keller Conference on Services to Deaf-Blind Persons indicated that over thirty governments now recognize and respect the capabilities of their deaf-blind population. Statewide workshops are being held around the globe. The South Carolina Department of Education, by holding this conference, is giving evidence of its respect for the aspirations of deaf-blind citizens. We are grateful; it's wonderful!

But what about the general public? Many times I've been told by a new acquaintance, "I've read about deaf-blind people in the newspaper. I saw the play "The Miracle Worker" but this is the first time I've ever met a real live deaf-blind person. It's quite an experience!" The general public is not quite convinced of our abilities-- they are amazed, but still not convinced. The public needs, in addition to the news media, to be exposed to more deaf-blind neighbors.

When my mother lived, she took me with her to shopping centers, the theater, to church, to restaurants and to social gatherings. The general public and I learned not to be afraid of each other. Although people may respect the handicapped person, they also have many fears--fear of hurting us; insecure about their own

ability to communicate; the dread of being emotionally upset, etc. One of the reasons why most deaf-blind people have that "great sense of humor" is to put our friends at ease with us.

At a recent party, I met a college student who had learned the one-hand manual alphabet at school after watching a documentary film about deaf-blindness. She said, "I have a friend with me but she is afraid to talk with you."

"Tell me something about your friend," I said, "she must be nice to know."

"Well, her name is Gloria, she goes to my college, studying to be a doctor."

"A doctor," I praised her, "how wonderful! But what would happen if one of her patients happened to be deaf-blind?" The girl beside me quivered. I was not certain if it were with laughter or horror. After a short pause, the friend came to me, told me about her family, and future hopes. We had a lovely conversation. When she left, she gave me a quick hug, saying: Thank you for a lesson as valuable as a classroom session."

Article III

"Deaf-Blind persons have the right to receive the best possible medical treatment and care for the restoration of sight and hearing and the services required to utilize remaining sight and hearing, including the provision of the most effective optical and hearing aids, speech training when appropriate, and other forms of rehabilitation intended to secure maximum independence."

One of my students reported that his state refused to supply him with a hearing aid because he was not a trainee under their rehabilitation program and the aid he felt was most effective was not necessary for his work. This article, however, states that the goal of medical treatment, training and aids is to secure maximum independence. What is "Independence"? My definition of independent living is to be less of a burden and more of a participant in society. Therefore, unless a deaf-blind individual has a higher-than average income, he should always be eligible for these services in order to maintain maximum independence.

Article IV

"Deaf-Blind persons have the right to economic security to ensure a satisfactory standard of living and the right to secure work commensurate with their capabilities and abilities or to engage in other meaningful tasks for which the requisite education and training shall be provided."

Another student told me of his experience. He was a blind broom maker with normal hearing. Being skillful and proficient, he was a leader in the Broommakers' Association of his state and also had contracts with independent firms to supply brooms and brushes to businesses in that area. He earned enough money to purchase a home in the rural district and establish his own shop, to support a wife and three children. His knowledge of mechanics and electricity enabled him to keep his own home and cars in repair. And there was his green thumb-- his picture appeared in the local newspaper for growing the largest watermelon in the community.

The trouble began when the broom business was no longer profitable-- and his hearing began to fail. Deafened, he could on longer handle transactions over the telephone or interview possible customers. His hands were so roughened by the process of making brooms that reading braille was difficult and mastering the methods of communication for deaf persons seemed impossible.

Finally, he gave up the broom business and applied for training as a deaf-blind client. Gradually, his hands healed and softened. His grades, for both the Hadley School and his local rehabilitation center, were excellent. Even without hearing and vision, he was still a skillful mechanic so that job placement was thought a simple matter.

As it turned out, though, his application for work was sent to the employers along with other applications; and the applicants with the least handicaps were chosen. He reports that he was never interviewed in person or given a chance to demonstrate his abilities.

This is a negative case, but it illustrates why the Declaration of Rights was written and adopted. I am happy to say that the case is still pending; the

client has not given up. He is determined to prove his own capabilities and to make the Declaration of Rights work.

Many people have asked me why I, a deaf-blind woman, chose a career on the stage. Perhaps it started with a little superstition. When I was born in Dayton, Ohio with normal sight and hearing, my parents owned a theater-- a movie house with a vaudville show. Then, my mother named me after the opera star, Geraldine Farrar. We like to believe that these two factors had something to do with my hammishness. When I was two years old, the family moved to Chicago where my dad opened a sweet shop next door to another theater. My mother and I saw every performance--some from the audience, but most from the stage door as we sat on the fire escape of the building where we lived. Like most kids, I imitated the performers. I don't know if I exhibited any real talent.

I remember one Saturday afternoon my older brother took me to an amateur show for children. He did not believe me, but I felt that I could win a prize by doing the Charleston. I left him and got in line with the other contestants. But when I got on the stage, I was astonished to see what a big stage it was with heavy dark red velvet curtains that seemed to swallow me. I did a few dance steps, but I spent most of my time staring at the curtains and blazing footlights. When I ran off stage, I heard the applause, It was one clap. That was my faithful brother.

I had a serious bout with the measles when I was five years old, and when I was seven my mother noticed that I had an eye condition. The most that I remember about the next several years is the smell of medicine, long waits in doctors' offices and the hard benches of clinics. I was fitted with glasses and continued school until I was nine. One day I received a letter from my cousin. My mother asked me to read it aloud. I could not. All I could see was the white sheet of paper. I was forced to drop out of schoo for three years. My mother tried to improve my health with proper diet. She read books to me and helped me as much as she could. Finally, I was enrolled in the Braille and Sight Saving Department of a Chicago public school. At that time, Chicago was experimenting with integrating blind

children in classes with sighted ones. I'm grateful that I was a part of that pilot program. In the braille room we learned to read and write braille, type and do mathematics on the braille number slate. All other subjects were taken in regular classes with sighted children.

I got along very well socially and academically until my hearing began to deteriorate. Doctors could not restore my hearing. The supposed that both afflictions were casued by measles and other childhood illnesses. The case was dismissed as incurable and my mother decided I would have to learn to see and hear through my mind.

In my sophomore year of high school, I became totally deaf. There were no special programs for deaf-blind students. I was fortunate to have a dedicated teacher and devoted mother. They learned the manual alphabet, as did many of my classmates. All my assignements were put into braille. I typed exercises and compostions. To supplement my classes that required hearing, I was enrolled for courses at the Hadley School. My mother continued to read to me, even by the slower method of finger spelling.

Upon losing my hearing, I also lost control of my voice. I never knew when it was pitched too high or growling in the throat; loud or whispering. To preserve my voice, the English teacher suggested that I attend regularly and recite poetry or read a story to the class aloud. I loved this assignment. It was like being on the stage which still fasinated me.

One day after graduating from high school, I said wistfully to Mom, "I wonder if the State Grant for Higher Education would permit me to study dramatics?" Immediately, Mom phoned my former high school teacher to inquire about it.

My teacher persuaded the officials to give me the grant and, with my mother as guide and interpreter, I entered the American Conservatory of Music's Drama Department. There, I studied drama, public speaking, creative writing and was given extensive speech training. And I continued cultural courses with the Hadley

School.

As soon as the instructors felt I was ready, they presented me in a one-woman show at Kimball Hall. The program consisted of poetry, original monologues and pantomime. My mother took me to New York for more study and we gave presenatations along the East Coast for schools, churches and civic clubs.

Even now, as an instructor for the Hadley School, that training is indeed meaningful.

Article V
"Deaf-Blind persons shall have the right to lead an independent life as an intergrated member of the family and community, including the right to live on their own or marry and raise a family. Where a deaf-blind person lives within the family, greatest possible support shall be provided the entire family unit by the appropriate authorities. If institutional care is advisable, it shall be provided in surroundings and under such conditions that it resembles normal life as closely as possible.

Here again, we are remined of our responsibilities. An integrated member of the family is one who is included in family activities--sharing recreation, chores,decisions and problems. Too often we hear the words, "Oh, no need to bother him with that worry." Yet, his understanding of what's happening might prevent conflict or embarrassment. Frequently, he can find a solution to the problem.

You will please note the word "advisable" here was a time when independent living was considered impossible for a person who could neither see nor hear. Nowadays, with appliances, electronic devices and training we're in business!

Article VI
"Deaf-Blind persons shall have the right, and without cost, to the services of an interpreter to maintain contact with others and with the environment."

Because language is vital to all living things several chapters of our textbook, "INDEPENDENT LIVING WITHOUT SIGHT AND HEARING" by Dr. Richard Kinney, are devoted to methods of communication for deaf-blind people. Four of these are called universal. By universal we mean a method that can be used without the public's having to learn a new skill. Lipreading is a universal method. A sighted

deaf person who is skilled at reading lips can communicate freely. A few deaf-blind students have mastered the method by vibration (Tadoma). This, however, is usually taught when the child is young. For most of us adults, it is too difficult.

If the deaf-blind person is familiar with print, you can print capital letters in the palm of his hand, being careful to make the letters as large as the palm.

If palm-printing is not successful, you can use the alphabet plate. This plate has large raised block letters. Place his reading finger on the letter and allow him to feel it. If he lost his vision first, he will be more familiar with braille and you can use the Alphabet Card. The sighted persons sees the printed letters and places the blind person's reading finger on the corresponding braille letters to spell the message.

A little faster method is the Alphabet Glove. This is an ordinary glove with letters printed on the tips and joints of the fingers. The deaf-blind person must memorize the position of the letters so that when the sighted person taps the letters, the deaf-blind persons knows what word is being spelled.

Perhaps the most popular universal method is the Tellatouch machine. With a typewriter keyboard on one side an a braille cell on the other, you merely type the message for us to read in braille. This method is both relaxed and rapid.

The other three methods are called speci[illegible] because special training is needed for both the deaf-blind person and his conversant or interpreter. The favorite in the United States is the One-Hand Manual Alphabet, used by my interpreter, Marian Dunton. Two-Hand Alphabet is preferred in England and British Commonwealth, such as Canada, India, Australia.

Morse Code can be used with the deaf-blind by making a stroke on the arm or hand for dash, and a tap for dot. It is a good emergency method if Boy Scout or Girl Scout is in the vicinity--and remembers it. Primarily, however, the

International Morse Code is used by the deaf-blind with vibrators on amateur radio equipment and telephone devices.

You know how essential the telephone is in your daily life! For a handicapped person who may be alone at least part of the day, it is even more vital to be able to communicate with the outside world. For this reason, a great deal of time and money has been spent on developing a telephone that can be used by the deaf. The Helen Keller Center is now field testing Telebraille which can be described as a long-distance Tellatouch. The Teletypewriter used by the sighted deaf has a braille version. The Code=Com, installed by Bell Telephone Company, is a universal phoning method because it will receive signals from all standard phones--the callee does not need a special device at his end of the line. With his voice or touch tone, he can give us yes and no signals or spell messages by Morse Code.

This little device I have is the Tactile Speech Indicator. It is battery operated and therefore portable. Although I have a Code-Com in my apartment, I like to have this with me when traveling. It will show you how Code-Com can be used with the public.

(Demonstration).

The individual must select the methods he can use most effectively. Without communication, we cannot be a part of society. Whatever style is chosen, we sincerely value the services of interpreters.

Article VII

"Deaf-Blind persons shall have the right to current news, information, reading matter and educational material in a medium and form which they can assimilate. Technical devices that could serve to this end shall be provided and research in this area shall be encouraged."

Up to now, the only form that totally deaf-blind persons could assimilate was braille--for education, employment and recreation. We treasure the braille library service, and we were elated when the Library of Congress started publishing the "New York Times Large Type" in braille.

Deaf-Blind people make good use of their braille writers daily.. we believe the IBM electric braille-typewriter should be in the homes of deaf-blind readers. It would enable relatives or friends to immediately braille letters and other inkprint information for the deaf-blind members. There is nothing more frustrating than not being able to read inkprint.

One of the few devices used by the blind who hear that can also be used by the deaf-blind is the Optacon reading machine. It is tactile, and that is our dish! At present, a few professional deaf-blind people own Optacons and make good use of them. We dream of the day when print reading machines will be standard equipment for those of us with twin handicaps.

Last month I had the thrilling opportunity to train for an Optacon. It was like seeing again, out of atleast one corner of my eye. I had not seen print since I was about 12 years old; it was beautiful! On the first night after I returned home with my Optacon, I stayed up until 3 A.M. reading--what?--junk mail! It was so interesting to see the format, the messages--someone in Denver had $15,000 waiting for me if I'd send him something or other. Now, though, I'm more selective. I sort the daily mail and read instructions, bank statements, business and social letters that are typed. I know the Optacon will add a new demention to my life.

Article VIII

"Deaf-Blind persons shall have the right to engage in leisure-time recreational activities which shall be provided for their benefit, and the right and opportunity to organize their clubs or associations for self-improvement and social betterment."

Coffee breaks, vacations, recreational programs for children and senior citizens have been established as necessary for mental and physical health. Yet, many deaf-blind citizens are deprived of these breaks in life's routine. In some nursing homes, deaf-blind residents are isolated from activities because the staff and volunteer corpse do not have time for slow and separate communication. A deaf-blind woman living in a housing complex received letters announcing

meetings and outings for the senior citizens and handicapped tenants. She wrote to the program director, explaning her situation and asking if someone could serve as interpreter, using Tellatouch as an easy communication method. The director replied, apologetically, that no interpreter was available, and she never again received more announcements. That program, which still functions, is supposed to be for seniors and handicapped tenants.

So, the answer for carrying out this article is found in Article VI, Interpreters. Of course, deaf-blind persons have many activities we can do alone such as reading, handcraft, and letter-writing. But whether we live as an integrated member of the family and community or have comfortable quarters in a well-run nursing home or organize our own clubs, we need interpreters to provide the link between us and the other participants.

Article IX

"Deaf-blind persons shall have the right to be consulted on all matters of direct concern to them and the right to legal advise and protection against improper abridgement of their rights due to their disabilities."

For that, we need only to understand, as brothers and sisters of the human race, how to help without taking over.

As the DECLARATION OF RIGHTS OF DEAF-BLIND PERSONS is implemented, we can look forward to realizing the words of this little poem. I wrote the poem when I was a teenager, trying to establish my own philosophy of life.

When we observe as much as we can see,
There is no time for what we cannot see.
Give attention to all we can hear,
No room left for what we cannot hear.
When we occupy ourselves with what we can do,
We are much too busy to worry over what we cannot do.
And when is there time to weep over what seems sad

If we smile at all that is beautiful and laugh with that necessary
humor?

For in the mental world of sight and sound

There is bounty, godness, love--it can be found.

CHARACTERISTICS AND POTENTIALS OF THE DEAF-BLIND POPULATION - A DESCRIPTION OF THEIR DIVERSE FUNCTIONING LEVELS

By: Jane W. Tanana
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South Atlantic Regional Center for Services
to Deaf-Blind Children

To people not immediately involved in programs for the deaf-blind, the term "deaf-blind" is puzzling. This stems from the fact that a very small percentage of the total group of individuals classified as "deaf-blind" are totally deaf and totally blind. Federal legislation describes the "deaf-blind child as a child who has auditory and visual handicaps the combination of which causes such severe communication and developmental problems that he cannot be properly accommodated in special education classes for the hearing-impaired or visually impaired child." This definition would include children that are:

1. Partially seeing, profoundly deaf,
2. Partially hearing, totally blind,
3. Partially seeing and partially hearing - the combination of which causes severe problems that cannot be accommodated in classes for the deaf or blind, and
4. Visually impaired, acoustically impaired and/or one or more additional handicapping conditions.

Because of the ambiguity in identifying characteristics, the random distribution of the deaf-blind population and the low incidence of occurrence of this population, it has been increasingly difficult to plan and develop highly specialized continuum of services for the deaf-blind individual. Since the inception of the deaf-blind legislation, we have investigated nearly every conceivable aspect of training for this group - motor development, auditory and visual stimulation, cognitive training, daily living skills, communication - just to name a few. We are meeting here to examine still another portion of the

deaf-blind individual's life, that being pre-vocational and vocational training. As before, when we initially addressed the other educational areas mentioned, our knowledge of and expectation for this population was limited. What we do know is that our deaf-blind students are growing older and, no matter which state our programs are in, that we must deal with mandatory education, that our deaf-blind children of the past are now youth and adults and finally, that in view of the need for a continuum of services, that cooperating agencies assume responsibilities for providing this population opportunities for developing their maximum potentials. As we examine our current deaf-blind population in terms of their functioning levels, their existing educational programs, their potential for future employment and their available placements, the fact remains that the majority of our deaf-blind population are within an age range that will necessitate major decisions being made regarding their education, living accommodations and work placements. The shift has gone from home programs and early childhood programs to educational programs with pre-vocational and vocational aspects and, ultimately, to rehabilitation services and placements.

In a survey conducted last November by the South Atlantic Regional Center in our six states, a total of 124 children of the 469 registered were identified as potentials for work placement. The questionnaire asked VI-C funded deaf-blind programs to identify those students who exhibited potentials for attaining skills listed in AN EDUCATIONAL GUIDE TO PRE-VOCATIONAL SKILLS FOR DEAF-BLIND PERSONS (Midwest Regional Center, 1977), whether or not these students had been referred to their respective Vocational Rehabilitation Agencies or Commissions for the Blind, and whether or not workshop situations appropriate to the functioning levels of these clients existed in each state.

At that time, South Carolina identified:

Twenty-eight (28) deaf-blind children registered as being in the age range of 5-11, 28 in the 12-13 year age group and 18 in the 14-21 year age range (for a total of 74).

Five (5) deaf-blind children between the age of 5-11 exhibited vocational potential, 13 in the 12-13 year group and 11 in the 14-21 year age group were identified as having potential for gaining skills necessary for work placements.

Twenty-three (23) of the twenty-nine (29) children had been referred to the appropriate Vocational Rehabilitation Agencies or Commission for the Blind.

Initial investigations were being made in regard to possible placements in the respective communities of these deaf-blind children.

As we further examine identifying characteristics of the deaf-blind, I will make specific comments on the South Carolina population as those figures will be more pertinent to the interests of this group. The survey figures will perhaps have a different light when viewed from categorization according to functioning levels exhibited by the deaf-blind. Again, 38% or 29 children of 74 registered on the South Carolina Deaf-Blind registry were identified as having vocational potential.

Categorization by Potential

Group I

This includes those children whose intellectual functioning is either normal or only mildly retarded. Their visual and auditory handicaps are such that, with supplementary instruction, they can function adequately in programs for the hearing handicapped or programs for the visually impaired. A resource teacher for the Group I child will provide individualized instruction in areas providing auditory and visual concentration.

This population of deaf-blind children is often found in state schools for the deaf or blind, public school classes for the educable mentally retarded or public school classes for the hard of hearing or visually impaired. (This group often includes Usher's Syndrome children and other adventitiously deaf-blind children and some high-functioning rubella children.)

Children in Group I characteristically have no predominate handicaps other

than their auditory and visual impairment. Although individual attention and instruction must be given in tasks requiring auditory and visual concentration, the child who functions at this level shows evidence of progress, communicates naturally with others and can be expected to be totally self-sufficient if given proper and effective training. These children will be able to live independently, continue their education and/or become competively employed. Educational training encompases areas of traditional academic work as well as concentration in areas of auditory and visual stimulation, and communication.

Ten to fifteen percent (10-15%) of the nationally identified deaf-blind population will fall under this category. Thirteen (13) students or 17% of South Carolina's population fall within this group.

Group II

Deaf-Blind students who are best characterized by having near normal intelligence or who are only mildly retarded, but whose combined visual and auditory handicaps cause such complex communicative and behavioral problems that they function on a developmental level similar to that of trainable mentally retarded youngsters compile Group II. These students (even with the aid of specialized instruction) cannot function adequately in educational programs for the visual handicapped or hearing handicapped. These students can only be appropriately served in self-contained programs for deaf-blind students with gradual integration into more "normal" environments for recreational and eventual educational activities.

This type of deaf-blind child is commonly found in funded deaf-blind classes in schools for the deaf and schools for the blind, state institutions for the mentally retarded, and within public school system's special education day programs.

Specialized curriculums within these programs structure the child's

environment to address the areas of communication, mobility, cognitive development, and daily living skills. Depending on the severity of other interferring behavior conditions, these children may also attain some degree of academic achievement and develop needed skills for vocational placement.

These children are not totally dependent and interact, to some degree, with their environment, but have not developed to the point of having a defined communication system.

This second grouping of children will be those whom we visualize as needing sheltered employment and who will ultimately live in a supervised group situation but will be independent in their self-help skills sixteen (16) South Carolina Deaf-Blind students are considered in this group--this is approximately 21% of the total South Carolina registered population. Nationally, this group represents 20-25% of all identified deaf-blind children.

Group III

Those children who, in addition to their auditory and visual handicaps, possess at least one other severe handicapping condition (such as mental retardation, orthopedic problems, brain damage, heart defects., etc.) that cause them to function on a developmental level similar to that of a severely retarded youngster, are grouped here. These students are most appropriately served in self-contained classrooms for the multiply handicapped deaf-blind child.

The majority of this population of deaf-blind children are found in state hospital programs or institutions for the mentally retarded which provide residential care and an educational component of a deaf-blind class or itinerant teachers. In some instances, provisions for leisure time activities and inclusion in the institution's work activity center or sheltered workshop is also offered. Individualized educational programs focus initially on stimulation activities, motor development and daily living skills. These children have such complex needs that in many cases medical as well as educational programs must be carefully planned and carried

out if any significant progress is to be made with the children. Other students in this group will attain sufficient communication skills, daily living skills, and cognitive skills to benefit from pre-vocational training and recreational activities.

It is visualized that these children, although acquiring some level of proviciency in self-help skills, will otherwise be totally dependent upon financial and living accommodations. These children present a need for the establishment of some sort of group living situation--be it a group home, a satellite home, or a foster placement. Nationally 15-20% of our deaf-blind children fall into this section. South Carolina statistics show 38 children or 48% as currently falling into this group.

Group IV

Deaf-Blind students whose primary handicapping condition is profound mental retardation and whose visual, auditory and physical handicaps are such that they often require extensive medical care compile this group. Generally, the prognosis for many of these deaf-blind children is considered poor in terms of life expectancy and intellectual development. Many of them are served in self-contained educational programs within the residential or day care setting.

The fourth group contains those children who will require custodial care, as they will be totally dependent upon outside resources for economic and physical well being.

This group will account for approximately 40% of our total population of deaf-blind registered nationally. In South Carolina 14% of the identified population fall into this category. The majority of this group reside at home or in institutional settings. In an attempt to provide educational programs that will encourage the highest degree of self-sufficiency and not limit the parameters of individual achievement, current deaf-blind programs for Group IV children include areas such as Sensori-Motor Stimulation, beginning cognitive development,

rudimentary communication systems, basic socialization skills and self-help skills.

Because these last two groups represent the largest number of children currently registered, a great deal of research is currently being undertaken to determine the most effective means of programming for these children and in identifying techniques that will best motivate and stimulate their learning potential.

In conclusion, I have attempted to place the current population of deaf-blind children into general categorical classifications for the purpose of narrowing the spectrum of needs exhibited by these children. However, it is important to keep in mind that the prognosis for these children is necessarily based on response to the services we can provide and that we do not attempt to "lock in" an individual to an inescapable "ultimate level of performance." Therefore, it has been my intent to provide you with characteristics of the population for the purpose of predicting needed services and developing adequate programs based on the potentials we have discussed.

BIBLIOGRAPHY

1. English, Patricia - Pre-Vocational Services for Deaf-Blind Children and Youth, Callier Center for Communication Disorders, Dallas, Texas, 1974.

2. English, Jack - Rehabilitation Services for Deaf-Blind Individuals - A Need for Planning, South Central Regional Center for Services to Deaf-Blind, Dallas, Texas, 1973.

3. George, David - Pre-Vocational and Vocational Education for Deaf-Blind Children, Mid-Atlantic (North) and Caribbean Regional Deaf-Blind Center, New York, N.Y., 1975.

4. Lowell, Edgar and Rouin, Carole C., Editors - State Of The Art - Perspectives on Deaf-Blind Children, Southwestern Region Deaf-Blind Center, Sacramento, California, 1977.

5. Management Service Associates, Inc. - Summary of the Current Status of Pre-Vocational Services for the Deaf-Blind Provided Through the Regional Center Program, South Central Regional Center for Services to Deaf-Blind, Dallas, Texas, 1976.

6. Marcum, Beth - Categorization of South Carolina Deaf-Blind Students, South Carolina Department of Education, Columbia, South Carolina, 1977.

7. Sherrick, Carl E., Editor - 1980 Is Now - A Conference On The Future of Deaf-Blind Children, John Tracy Clinic, Los Angeles, California, 1974.

TRAINING RESOURCES FOR DEAF-BLIND ADULTS: THE HELEN KELLER NATIONAL CENTER AND ITS AFFILIATION PROGRAM

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Vocational trainining opportunities for deaf-blind persons in the United States are probably greater now than ever before in the history of this country and likely to be greater in the United States than in any other country in the world. However, in spite of this fact, the gap between available vocational rehabilitation training programs with the capacity to meet the needs of deaf-blind persons and the need for such training continues to be a substantial and major concern which should be given very serious consideration and attention.

Historically, deaf-blind youths and adults who were fortunate enough to have received some specialized training have usually received such training from agencies who primarily offered services to blind persons. However, in recent years some programs serving the adult deaf population have realized that some of the deaf trainees or deaf students enrolled in their programs were also visually impaired and are responsibly accepting the challenge by considering the necessary program modifications and adjustments to meet the unique and special needs of deaf-blind persons.

Based upon a solid body of experience in serving deaf-blind persons, beginning as early as 1917, the Industrial Home for the Blind began operating the Helen Keller National Center for Deaf-Blind Youths and Adults in June, 1969 under an agreement with the United States Department of Health, Education, and Welfare. The Helen Keller National Center,

which now operates under authorization contained in section 305 of Title III of the Rehabilitation Act of 1973, was originally authorized in the 1967 amendments to the Vocational Rehabilitation Act.

The Helen Keller National Center operates regional offices to assist state and local agencies in serving deaf-blind persons in their home communities, when feasible, and for referring them, when indicated, for a residential program of individualized evaluation and training at its headquarters facilities located in Sands Point, New York. Below-cost fees are charged for evaluation, training, and maintenance costs for trainees enrolled at the Center which meet only a small part of the cost of the services that are provided with the balance being absorbed by the Center.

Persons who have substantial visual and hearing losses such that the combination of the two causes extreme difficulty in learning should be referred to the regional office serving the state in which such persons reside for consultative assistance and individualized rehabilitation program planning.

Eligibility for enrollment in the comprehensive evaluation and rehabilitation training program conducted at the Center is generally limited to persons who are deaf and blind within the following definitions: deafness, the inability to understand connected discourse through the ear with optimum amplification; and blindness, visual acuity not exceeding 20/200 in the better eye with best correction or visual acuity greater than 20/200 if the visual field is constricted to 20 degrees or less. Exception to this criteria may be made for persons whose aural and visual conditions show a poor prognosis or for those who, because of the lack of appropriate amplification, has functioned as a deaf person with highly limited speech. The applicant must be capable of self-care in the area of basic

personal hygiene - e.g. toileting and bathing independently, dressing, and eating (not necessarily with utensils). Preferrably, he should be well motivated for self-improvement and interested in making use of the type of structured, residential rehabilitation program offered at the Helen Keller National Center; but at least, he must be provided with the best understanding of such a program of which he is capable and he must be free from any strong resistance to participation in such a program. He must not exhibit any behavior that might be potentially dangerous for himself or others.

Deaf-blind persons entering the Helen Keller National Center begin with a comprehensive eight week evaluation to provide the basis for a plan of training to devlop all of the person's assets as fully as possible, and to make full use of any residual hearing or sight the trainee may possess. Areas of evaluation include: communications, daily living skills, mobility, home management, audiology, low vision aid assessment, speech pathology, medical, industrial arts, recreation and physical conditioning, psychological, and basic education. The medical evaluations specifically includes a general physical, eye, ear/nose and throat, dental, neurological and/or psychiatric (if indicated) examinations, and others, when indicated.

Upon conclusion of the eight week evaluation period an individually prescribed rehabilitation program is planned with the trainee by the Helen Keller National Center Rehabilitation Counselor and Social Case Worker assigned to each trainee. Counseling and social case work is necessary throughout the entire Center training program to insure the successful and progressive movement of each trainee through their

respective rehabilitation program while in training at the Center. The evaluation specifically identifies and measures the client's capabilities in each respective area. Then, with careful planning and prescribed instruction, the training phase offers the trainee an opportunity to improve his skills where deficits have been identified. Many of the benefits of Center training in the various areas in which the trainee's deficits have been identified are obvious. For example, communication skills training in braille, sign language, speech, use of the teletouch machine, language development, typing, use of the opticon (a device which converts print into tactile stimuli), etc. enables the trainee to improve his/her communications abilities. Also, orientation and mobility instruction provides the trainee with the improved traveling skills which are required if deaf-blind persons are to travel as independently as possible. Likewise, improved daily living skills, basic education, and home management training offers each trainee an opportunity to improve specific skills enabling them to do many things for themselves for which they previously needed assistance. The audiological and low vision aid assessments may result in the prescription of special high amplification hearing aids and/or special visual lenses to help the trainee make full use of any residual hearing or sight he or she may possess.

Crafts, recreation, and physical conditioning are often neglected in many rehabilitation training programs, but are essential and should be given special attention and consideration. An individual's work performance is often effected by how well or how poorly he or she is able to cope with the long leisure hours at the end of each work day

and on weekends.

Prior to completing the Center program, each trainee is evaluated and offered training to develop the basic workability skills brought to the program and those workability skills that the trainee demonstrates are either completely lacking or which may need further development. The specific work skills which are evaluated or developed include: communication skills and counting ability, learning ability, retention, finger dexterity, bi-manual coordination, tactual perception, initiative, time and motion economy consciousness, hand/foot coordination, imagery ability, adaptability to power machinery, emotional stability, safe use of residual vision, safety consciousness, general coordination, application to work, punctuality, orderliness, facial expression and cooperativeness. Based on the development of these transferable workability skills, many deaf-blind persons may be prepared for and placed in employment for on-the-job training commensurate with their skills and aspirations based on their demonstrated capabilities to perform the tasks required in the job in which they are placed.

Upon completion of training at the Helen Keller National Center, the client is assisted to resettle in his community, or when necessary and possible, in another more suitable community and to enter a situation which may enable him or her to benefit most from the training received. This assistance involves the services of the Center's Regional Representatives, and when necessary other various headquarter staff specialists including the Placement Specialist who, working in cooperation with his counterpart in the client's home community, contacts interested employers. When a willingness to employ the client is obtained, an analysis is made

of the job demands of the work conducted in the establishment of the client's potential employer and, if employment appropriate for the client is available, the placement specialist helps to induct and orient the client to the new employment and provides follow-up services designed to ensure the continuing satisfaction of both the client and the employer. Remunerative employment is a goal which has been achieved by many clients completing training at the Helen Keller National Center, most commonly in sheltered workshops, but quite frequently in fully competitive settings. Many others have been enabled to fill the role of homemaker or to serve in other ways as contributing members of their families.

The Helen Keller National Center recognizes the need for developing training resources for deaf-blind youths and adults throughout the country and with the assistance of the representatives in its regional offices embarked upon an affiliation program approximately four years ago to develop within a network of cooperating agencies throughout the United States some specialized programs of services for deaf-blind youths and adults.

Based on a detailed application for affiliation with the Helen Keller National Center, prepared in accordance with an outline of required information and an on-site visit, an agency that conducts a sound rehabilitation program and that has demonstrated an interest in serving deaf-blind youths and adults may be reimbursed for expenses consistent with an approved budget for the employment, for up to three years, of a Specialist in Services to Deaf-Blind Youths and Adults. If such an agency serves a large geographic area or an area in which a relatively

large number of deaf-blind youths and adults reside, it may be reimbursed as well for the expenses of employing an Assistant Specialist. All agencies receiving such reimbursement from the Helen Keller National Center are required to commit themselves to continue their programs of specialized services to deaf-blind youths and adults at their own expense upon the successful completion of their initial operation of these programs with the help of funds from the Center. Agencies approved for affiliation with the Helen Keller National Center are selected on the basis of their qualifications to provide services expected of them according to the need for such services in the geographical areas they serve and that will be able to develop their program of services to supplement the services offered at the headquarters of the Helen Keller National Center. Each affiliated agency's staff specialist receives specialized training at the Helen Keller National Center and the Center's staff provides consultation and guidance in the development of each agency's specialized project of services for deaf-blind youths and adults.

A Specialist in Services to Deaf-Blind Youths and Adults of an agency affiliated with the Helen Keller National Center carries the following responsibilities:

1. The specialist, initially, provides counseling services for the deaf-blind clients of his agency, instructs these clients in methods of communication employed by deaf-blind individuals, and assists the instructors of the agency in the training of the deaf-blind clients.

2. The specialist instructs the staff of the agency in methods of communication with deaf-blind individuals so that they can assume responsibility for serving these clients directly. The specialist helps the staff to adapt their particular skills to the needs of the deaf-blind clients they serve so that they can apply these skills to serving the deaf-blind clients of the agency in the same way they serve other clients of the agency.
3. The specialist serves as a resource person in the agency to help evaluate the progress of its deaf-blind clients and to establish practical goals for these clients.
4. The specialist carries forward an outreach program through which, in cooperation with regional representatives of the Helen Keller National Center, preliminary assessment is provided to evaluate the interests and needs of deaf-blind youths and adults residing in the service area of the affiliated agency; and, where possible, the specialist arranges for these clients to be served in their homes or to be referred for service to the on-premises rehabilitation program of the affiliated agency, the Helen Keller National Center, or any other appropriate rehabilitation program.

For the next several years, the Helen Keller National Center hopes to be able to budget approximately $200,000 a year for developing specialized services for deaf-blind youths and adults in selected rehabilitation agencies. Once this amount of money is committed,

approval of additional agencies for affiliation with the Helen Keller National Center will be possible only as the Center's support of specialized services for deaf-blind youths and adults is withdrawn from previously affiliated agencies.

Cooperating agencies affiliated with the Helen Keller National Center presently developing specialized program of services for deaf-blind youths and adults include:

1. Arizona Department of Economic Security
   Services for the Blind
   1640 Grand Avenue
   Phoenix, Arizona 85007

2. California Industries for the Blind, Inc.
   840 Santee Street
   Los Angeles, California 90014

3. The Chicago Lighthouse for the Blind
   1850 West Roosevelt Road
   Chicago, Illinois 60608

4. The Cleveland Society for the Blind
   1909 East 101st Street
   Cleveland, Ohio 44106

5. State of Minnesota
   Services for the Blind & Visually Handicapped
   Department of Public Welfare
   1745 University Avenue
   St. Paul, Minnesota 55104

6. Mississippi Vocational Rehabilitation for the Blind
   Addie McBryde Rehabilitation Center
   P. O. Box 5314
   Jackson, Mississippi 39216

7. North Carolina Rehabilitation Center for the Blind
   P. O. Box 33
   Butner, North Carolina 27501

8. Oregon Commission for the Blind
   535 S.E. 12th Avenue
   Portland, Oregon 97214

9. Texas State Commission for the Blind
   Criss Cole Rehabilitation Center for the Blind
   4800 North Lamar
   Austin, Texas 78756

10. Seattle Lighthouse for the Blind, Inc.
    2501 South Plum Street
    P. O. Box C-14119
    Seattle, Washington 98114

11. Virginia Rehabilitation Center for the Blind
    401 Azalea Avenue
    Richmond, Virginia 23227

The Arkansas Enterprises for the Blind, generally known as A.E.B., has completed its three year project in cooperation with the Helen Keller National Center in the development of their specialized training program for deaf-blind youths and adults. A.E.B. is continuing this program of services for the deaf-blind, and further information about it can be obtained by directing inquiries to Mr. James Mowrey, Specialist for the Deaf-Blind, Arkansas Enterprises for the Blind, P. O. Box 4055, Asher Avenue Station, Little Rock, Arkansas 72204.

Generally, the deaf-blind youths and adults served by agencies affiliated with the Helen Keller National Center are those who do not require the full complement of services provided at the Center. Increasingly, we believe it will become possible for agencies affiliated with the Center to serve deaf-blind individuals with serious special problems by providing, in some cases, pre-evaluation orientation and preparation for their admission to the Center and, in other cases, pre-vocational training following a comprehensive evaluation and a period of basic training at the Center. Thus, the full complement of specialized services for deaf-blind youths and adults offered at the Center will be available to serve a larger number of the deaf-blind

youths and adults who require it.

Preliminary tabulation of statistics reflecting services of agencies affiliated with the Helen Keller National Center for the twelve month period ending March 31, 1978 shows the eleven agencies affiliated with the Helen Keller National Center served 375 deaf-blind youths and adults - 98 on their premises and 277 in the field. One hundred and eighteen of the 375 who were served were carried over from the previous year and 257 were open for services during the twelve month report period. Fifty-eight deaf-blind persons have completed specialized training programs offered by the affiliated agencies and the outcome of the services offered to them are reflected as follows:

32 were engaged in remunerative employment, including 11 who began such employment prior to April 1, 1977. Seven of the 32 who are engaged in remunerative employment are placed in competitive work only and 23 are engaged in sheltered employment only. One works in competitive employment half-time and in sheltered employment half-time. One is placed in a work activity center.

2 are placed in day centers

1 is an unpaid family worker

5 were able to resume responsibilities as homemakers

2 are awaiting placement

10 entered training in another facility, including 2 who were referred to HKNC for a more comprehensive training program

1 entered college

2 are at home receiving services from local agencies

1 was placed in a mental hospital

2 have deceased

Normally, in order for a deaf-blind person to enroll for training at the Helen Keller National Center, participate in training at any of our affiliated agencies, or receive services from most other vocational training programs, sponsorship is required by the appropriate state vocational rehabilitation agency. In most states an application for vocational rehabilitation services can be made at the age of sixteen years and simply requires the name, address, date of birth, social security number, and signature of the applicant, his parent, or guardian. All deaf-blind persons should be encouraged to apply for vocational rehabilitation services from the appropriate vocational rehabilitation agency serving the state in which the deaf-blind person resides.

Since some state vocational rehabilitation counselors may not yet be aware of the available services from the Helen Keller National Center, its affiliated agencies, and other agencies with specialized programs and services for deaf-blind persons, I suggest that you advise them about the available services from the Helen Keller National Center and urge them to contact the appropriate Helen Keller National Center Regional Representative for consultative assistance. Also, it would be helpful if you would advise the Helen Keller National Center Regional Representative of each deaf-blind person who makes application for vocational rehabilitation services so that cooperative planning may be initiated from the very beginning of their rehabilitation and training program. In some cases, the Helen Keller National Center Regional Representative may prove helpful in encouraging deaf-blind persons to apply for vocational rehabilitation service when they are not fully aware of the benefits for applying for such services.

Undoubtedly, some of the Helen Keller National Center affiliated agencies will fail to achieve the success and the reputation necessary for them to be used as a resource for service to deaf-blind youths and adults over an extended period of time. However, many of them may be expected to survive as a resource for serving deaf-blind youths and adults. If this expectation is realized, we can look forward to the existence of a fairly substantial number of rehabilitation agencies distributed throughout the country that, working closely with the Helen Keller National Center, will serve to supplement the services that the Helen Keller National Center can offer directly and to help meet the various training needs for rehabilitation services of all deaf-blind youths and adults throughout the country.

REFERENCES

Salmon, Peter J., Out of the Shadows, New York: National Center for Deaf-Blind Youths and Adults, 1970.

Spar, Harry J., "Helen Keller National Center for Deaf-Blind Youths and Adults," 1977 Annual Report.

Wyrick, Dean, "Helen Keller National Center for Deaf-Blind Youths and Adults," Proceedings of a conference on Prevocational and Vocational Training for the Deaf-Blind, held in Oklahoma City, Oklahoma, Dec., 1976 (Published 1977), pp. 20-25.

Wyrick, Dean, "Rehabilitation of Deaf-Blind Adults: The Role of the Comprehensive Vocational Rehabilitation Adjustment Training Center," paper presented at the American Deafness Rehabilitation Association Sixth Biennial Conference in San Antonio, Texas, March 6-10, 1978, Proceedings to be published.

Wyrick, Dean, "Services of the Helen Keller National Center," Proceedings of Midwest Regional Parent Conference, held in Madison, Wisconsin, June 3-5, 1977, pp 12-15.

A TIME FOR PARENTS TO THINK: FUTURE NEEDS OF DEAF-BLIND YOUTH APPROACHING ADULTHOOD

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When parents first began to hear about pre-vocational and vocational programming for our deaf-blind children, we didn't know what to expect as far as the future was concerned. We knew that finally we had gotten our children into educational programs which are very expensive for the government to provide, but we know that our kids are worth every penny. However, every year our children grow older and every year they get closer to the age when educational programs will no longer be available to them. The question then becomes; "What happens next? Where will our deaf/blind youth live? Where will they work?

Knowing all these questions, we as parents must begin to plan ahead so that we will have the answers ready when the time comes. This is what I want to make you all more aware of: that we must plan ahead <u>now</u> for these special children because they are growing up. Many of them are now teenagers; some are already adults. All of them will be adults someday, and that is how it should be. We as parents, teachers, rehabilitation specialists all must allow these people to grow up, to become adults, to be as self-sufficient as possible, and to have as independent a life as possible. You may think I am not being realistic when I say an independent life. You're thinking that some of our kids will always be dependent on someone and this is probably true. To qualify my interpretation of independent, I mean independent from their families just the same as we expect that their brothers and sisters will be independent from us someday. Parents should not have a life-long obligation to their deaf/blind children simply because they are handicapped. Parents are people, too, and have rights to have

some light at the end of the road. As parents grow older, we need to know that our deaf/blind youth are securely settled in a way of life of their own. We want his life to be one of quality.

All of you who work with deaf/blind children know that the divorce rate among the parents is very high. The figure ranges somewhere between 75 to 80%. It appears that the overwhelming task of raising a child with this handicapping condition, the lack of proper help along the way, and the haunting image of a lifetime spent entirely devoted to that deaf/blind person make it a totally impossible situation for many couples to continue. I am sure we can all agree that marriage is not easy under ideal conditions and the additional problems (the blaming, the guilt) involved with having a handicapped child intensify all these greatly so that finally the break is inevitable. I believe that many more marriages could be salvaged if, above all else, parents could know that their obligations to maintain a home, to give primary care, and to support that deaf/blind child would end when that child finishes his/her schooling, much like it does for a child who finishes college. Then parents would have the knowledge that we are working toward a goal, that there is an end in sight to the constant concern we must have for our child's welfare. Of course, parents will want to continue to see their deaf/blind son or daughter, to know that they are well, to see that they are actively engaged, to have them home on visits, but not to be totally responsible for them. This will take some planning ahead. We must allow our children to grow up. We must plan group homes for them. We must work with the specialists to see that some employment or activity center is available for them. All these will take time to establish. If your child is only one year old, it is not too early to start to plan ahead for his/her future. Never make the mistake of thinking that someone else will take care of it for you. You, the parent, are the primary decision maker for your

child. You must be willing to make the decision that your child has the right to a future and that you will begin now to make certain that it will be a future bright with promise. Not a future of despair and decay on the back ward of some state institution but a life as normal as possible, with a home and a job which provides dignity to your loved one.

There is a very important fact to point out and one that may have been overlooked by some in planning for the future. Parents are always older than their children, even deaf/blind children. I think we really need to address that fact and what it implies. When our deaf/blind youths finish school then what? The parents's home is not a realistic and fair placement goal to set for many reasons. One, those parents by the law of averages will die before the deaf/blind adult. Then what? Is it fair to let the deaf/blind adult be in that sheltered home atmosphere, then suddenly when he is forty or fifty years old, it no longer exists? What alternatives will he have then? An institution, a back ward, maybe? You might think that concerned parents should want their deaf/blind son or daughter to live with them and be dependent on them. That is not a healthy concern. The concern should be that every deaf/blind person be thought of first as a person in his own right. That we, as parents and teachers, demand a continuum of services which will offer the vocational opportunities and the residential alternatives needed so that as each student grows and develops his potential, we will be able to see where on the spectrum of alternatives he will probably fit at the end of his school years and then design the appropriate curriculum to prepare him. If we do not demand that the deaf/blind person prepare himself to be as self-sufficient and as self-supporting as possible, then we do not respect him and his right to have a life of his own.

We hear much talk about a continuum of services but in many areas of the country it is still only a theory. We must make sure that this theory becomes a reality immediately for our children. Teachers who have the very youngest children in pre-school classes should be aware of all the continuing upper levels of programming, including the pre-vocational and vocational training programs and the entry level skills required. Vocational rehabilitation counselors for deaf/blind clients need to know what the pre-school programs include and need to know teachers want their input so that children will be ready when they reach the vocational level. Why? Because many of the basic skills needed by these youths when they reach the vocational levels must have necessarily been built into the educational program along the way. Programs cannot continue to exist in isolation and expect to meet the needs of the child. We as parents have a tendency to relax once our children are in a school program. We cannot rely on fate to assure that our children will be prepared for adulthood. We as parents, teachers, and rehabilitation specialists must form a team to insure that the programs we have started are indeed leading toward the goal of future independence for deaf/blind persons.

We parents must take some of the responsibility to know what the next level program is set up to achieve. Teachers have the responsibility to know what that level entails, also. If there is no "next level" it is the responsibility of all of us--parents, teachers, rehabilitation personnel--to find out why not and then to get busy making sure a higher level program <u>is</u> set up. I have asked many questions of various people in all three groups concerning the obvious unrealistic goals they have for these students. The main reply to the question of "Why do you plan for the children to just go back home after school years?" is the same from all three groups--"There is no other place available so how can I plan otherwise." I will not accept that as valid. If there is nothing and you know there should be alternatives, why are you not speaking up? Don't you feel any obligation to these people?

Will you always wait for "someone else" to voice the concern, plan to meet the need--and until that time excuse your own responsibility? I know we have caring and devoted people working with our deaf/blind population and I charge you to look at the "Big Picture".

I hope I have established firmly in your minds that the parental home as a final placement for deaf/blind persons is unthinkable. I would urge you not to even list it when presenting residential alternatives. Of course, there may be some few exceptions where deaf/blind persons may remain living at home while they are gainfully employed in a competitive setting, at least until they can get their own apartment, but these will be the very few (probably under 5%)who are at the top level of achievement.

The largest group, probably 60 to 75% of the deaf/blind population, will need special living arrangements which might include sheltered care in connection with therapeutic activity centers. I believe you would all agree that the old idea of institutionalization for this group is no longer feasible. We as a society have seen the ills of this method of only custodial care and have begun to implement training programs. We must also begin to set up more community based facilities which can do the job properly. It is important to note that when I mention groups or levels, in no way does that indicate that an individual cannot move from the lowest level to the highest, and that is one more reason all of us must know what the others are doing.

The next largest group, somewhere between 15 to 25% of the population, could be expected to lead semi-independent lives, with the proper continuum of services providing the necessary training. There should be many combinations of living and working styles available to these people depending on how soon we get off our duffs and get down to the actual preparation. We must begin now for it will not be a small task we are about. A residential sheltered workshop is one model we might look to. This environment should be one which is not only vocational but also educational in that we need to continue to

work on all the skills so that the clients will be able to move on to a higher level of independence. Some other more independent living styles would be cottages, small group homes, foster homes, half-way houses on up to semi-independent and independent living arrangements. The reason I stress living styles is simple. If a person is shut away from society he obviously will not be able to be employed. It will be very difficult indeed to place a deaf/blind person on a job for training employment without adequate living facilities.

And so, our ultimate goal for deaf/blind persons is the highest level of employment and living style attainable. Here lies the problem; this is the question mark to which I ask you professionals to address yourselves. You must make the commitment to decide what the highest level will be for each student. The future of the deaf/blind children you are now teaching lies mostly in your hands. You must be willing to make a judgment about each child and then strive to help him reach those goals. If the alternatives needed are not available, then you must speak out and voice your concerns. Professionals tell parents to restructure the bureaucracy. We need to work within the structure we already have. We don't have time to change the bureaucracy because our kids are growing up. Parents are willing to help but they can't do everything by themselves. We should be a team working and planning together, so that parents and children both can have a future.

We have done all the studies. We know what is needed. We have the teaching techniques. We need to get on with it. We must make a commitment, now, today, that we will change our attitudes towards our students, that they are independent persons. We must plan for their future life, not turn them back to their families. I challenge you to commit yourselves to change. To really take what you have heard said during this confernece and use it to plan a better future for deaf/blind students.

National Trends in Service Delivery Systems to Provide Appropriate Living Accommodations for Deaf-Blind Youths and Adults

Joan Burton, Executive Director
Stone Belt Center, Bloomington, IN

Since I am director of a direct service program for moderately, severely and profoundly handicapped children and adults, attempting to give comprehensive services from birth to death, I've learned a lot in the last couple of weeks trying to find out about national trends in living accommodations.

I found that Meeting Street's School in E. Providence, Rhode Island provided early group homes serving deaf-blind children. Such service seems to have spread very slowly.

In 1974 Midwest Regional Center attempted to learn how many of the 2,000 identified deaf-blind (0-21) living in institutions would require lifetime institutional care as opposed to educational services.

The persons answering the questionnaire felt all children would benefit from educational services. They finally estimated 23% would not be candidates for deinstitutionalization. At that time, they found an increased willingness on the part of local schools to provide services, but the survey did not deal with where these deinstitutionalized persons would live.

This concern was typical of many efforts toward deinstitutionalization four years ago which left persons stranded in communities with no supporting services. Many of them returned to institutions after a few months. In the rush to deinstitutionalize, inadequate planning was done and placements were made in nursing homes, group homes, apartments, or back in the person's home without regard to the effect on the person or his family.

By June of 1975 topics such as "Plans for Living Arrangements and Employment as Children Reach Young Adulthood" were beginning to appear on conference discussion agendas. Estimates that there were nine deaf-blind adults for every one deaf-blind child were made and concerns expressed that most of the adults had been very seriously neglected. It was hoped that attention given to adults would later be of use to children as they reached adulthood. The National Center was seen as the clearinghouse for other agencies as well as a "court of last resort" for those who could not be served by other agencies.

Institutions were beginning to set goals of early training on a twenty-four hour basis with movement to community programs and homes when there was a high probability of success there.

An emerging awareness of the widely varying functioning levels of both children and adults led to recognition that all deaf-blind are not alike and do not have the same needs for educational programs or living arrangements.

By November 1976, educational services were being provided to 80% of known deaf-blind children and implementation of PL 94-142 was expected to strengthen support of education through use of state and Title VI-B funds.

Goals for services to deaf-blind, according to Robert Dantona, National Coordinator, could now place emphasis on prevocational programs, increased community based programs (satellite homes, foster homes, and community residences), research, demonstration models, and technical assistance to states and participating agencies. Working through the Regional Centers, a full continuum of services assuring

equal educational opportunity and the right to a full and meaningful life for all deaf-blind persons was to be provided by 1980.

In 1977 Northwest Regional Center began evaluating and providing technical assistance and in-service training to a program in Anchorage, Alaska serving three deaf-blind children and to two group homes in Montana serving ten deaf-blind children.

A feasibility study has been conducted by a firm hired by Midwest Regional Center to determine whether a group home should be opened in Minnesota.

Michigan is planning group homes for adults since most deaf-blind over 18 live in institutions. Concern over communication difficulties in a home with non-deaf-blind has led to plans for residences for deaf-blind only.

Mid-Atlantic Regional Center conducted a conference in November, 1977 to consider prevocational training and alternates to institutional training and alternates to institutionalization for children who are both visually and auditorily impaired.

In the summer of 1977, Stone Belt Center, recognizing a need for residential programming for adolescent deaf-blind, and finding funds available for an 8 week program, sought the support of Mrs. Elaine Heaton, Indiana project coordinator for deaf-blind, to experiment with such a program. With assistance from Jim Rudolph, Mid West Regional Center, the program was carried out and gains noted in the participants.

The development program will be repeated in 1978 with some changes. A component of respite care with short range goals will be added.

With this dearth of research results as my background and a goal of preparing this presentation, I went to the 1978 CEC convention and launched a very unscientific survey. I attempted to question each person who appeared on a panel with a subject relating in any way to deaf-blind services about his knowledge of residential programs for deaf-blind persons outside of institutions. I also asked the same question of any person I happened to talk to.

The results of all this talking were as follows:

1) Most known deaf-blind children and adults were living in institutions and receiving educational services there or in public schools nearby.
2) Some children live in foster homes and participate in local public school programs. In one school half the children from foster homes and their own homes have been placed in or returned to institutional living during this school year.
3) I missed the presentation on the two group homes in Montana and failed to find the presenter who left before the session was over. I was told by a lady who heard him that he was wearing a white suit - the only one she'd seen at the convention - and was very enthusiastic but after six speakers in one session she couldn't quite remember what he'd said.
4) Two people referred me to the same private school in the Denver area which they were planning to visit and which they thought would be good for deaf-blind. They also thought the Deaf-Blind Regional Center there would know about programs if there were any.
5) If the person I talked to seemed to recognize that deaf-blind

adolescents and adults could live outside an institution, then I asked about placing one deaf-blind person in a group home with retarded or other handicapped persons who weren't able to communicate with him. I was shocked to learn that this wasn't considered as a serious problem. They felt needed skills could be picked up easily. Somehow this left me a little doubtful about their knowledge of programming for the deaf-blind.

Following a rather sketchy history of what has been the service delivery system for living accomadations for deaf-blind, I'd like to report that the national trend is to begin thinking seriously about the rapidly approaching problems of providing appropriate services to youth and adults who have received outstanding services as children. Since 1968, when the ten regional centers were established, until about 1974, emphasis was on services to children. Now we must consider how we can provide a continuum from childhood through adolescence to adulthood.

A second trend is toward experimenting with various residential models both for moving the deaf-blind from institutions and preventing their leaving the community when their own homes are no longer available.

Piecing together Developmental Disability start up money and Title XIX or XX operating money is receiving much attention in Michigan according to Michael Collins.

Organizing private non-profit corporations which operate on gifts, insurance, and payments by individuals seems to be a model which may be of interest to persons in all parts of the country.

An excellent presentation of this model is available from New England Regional Center. There is some question as to whether its staffing patterns meet wage and hour regulations, however.

The Community Alternatives model developed for Minnesota has two weaknesses. It rationalizes that a shift-staff is desirable in a home because of the work load, and as late as June 1977, no one had been found to carry it out.

A third trend is toward agreement that there must be work or a day program and community services available if appropriate living accommodations are to be provided.

Whether the goals set for 1980 will be met remains to be seen. Certainly progress toward them is evident in 1978.

As I think of John ten years ago, dressed in baby clothes, being pushed around in a baby buggy by his sisters as they played with him like a doll, and see him now, proud that he is taller than I, well behaved, moving about the school freely, even helping other people, I'm confident that we won't stop thinking, planning, experimenting, developing models, and programming for him so that he can have a full and meaningful life.

VOCATIONAL POTENTIALS OF CONGENITALLY AND ADVENTITIOUSLY DEAF/BLIND PERSONS

Harry Anderson, Director, Office of Demographic and Vocational Potential of Deaf-Blind, Florida School for the Deaf and the Blind, St. Augustine, Florida

In one of the famous Shakespearian plays in 1600, Hamlet said, "To be or not to be -- that is the question."

Since the explosion of the atomic bomb nearly 40 years ago, our world has plunged into a new era of technology and knowledge. In the past 40 years, many of our young people, both handicapped and non-handicapped, have been thrust into confusion about their personal role in life.

Someone wrote that our young people today are playing the world stage, and that author believed the reason our young people today are playing the world stage is because we are dishing out goals for these young people that we as society are determining for them to follow.

We apparently are encouraging our young people, including handicapped young people, to attain goals when they become adults. But many of us have forgotten that role comes before goal.

In my presentation today, my focus will be on vocational potential for the deaf/blind and the adventitiously deaf/blind. We speak of deaf/blind persons as those who are born with hearing and visual impairment. We see those who are adventitiously deaf/blind as those who are congenitally deaf and who lost their sight later in life or are losing it now. This latter group encompasses those who have cataracts, retinitis pigmentosa, atrophy or any other eye disease in addition to deafness.

The leading cause of deaf/blindness is Usher's Syndrome. To most of us, hearing loss and retinitis pigmentosa is known as Usher's Syndrome. In the Helen Keller National Center for Deaf/Blind Youths and Adults, 52% or more of

the deaf/blind clients training there are affected with retinitis pigmentosa. Another big cause of deaf/blindness is due to the 1964-65 rubella epidemic.

The topic "Vocational Potentials of Congenitally and Adventitiously Deaf/Blind Persons" is a very broad topic. I feel that before our deaf/blind people can reach their maximum vocational potential, we need to sit down and determine what each individual, deaf/blind and adventitiously deaf/blind, wants in the area of vocational. I do not think we are in an appropriate position to set goals for them, but we can help them set goals for themselves.

As I said earlier, we have to help them set role before goals. Where does role begin? Role begins the day the child is born, be he deaf, blind, both, or if he has any other handicapping condition.

We need to keep in mind that each child is born an individual. Who holds the key to that individual's future role in our society? The parents. The parents hold the important key to the door of the future.

The parents need help. They need to be educated. In spite of the fact that their child is deaf/blind, deaf or has any other handicap, he is an individual who needs special help and attention. The parents mold the life of their child for better or for worse.

I read a newspaper article that said there are two different ways we can help the individual child develop: either a passive, unmotivated, dull person or into an outgoing, alert, intelligent person. Again, the parents hold that key -- or you could actually say 2 keys. One key leads to a bright future while the other key leads to a dark future.

Let's talk about the key to the bright future. Where can the parents get this key? They cannot buy it in the store. They cannot make it. It is up to us to provide the key made up of special education, counseling and guidance, career planning and the eventual right to be a free-thinking, self-reliant adult.

So it is vitally important that parents and educators of deaf/blind children get together and help that child develop into a well-rounded person.

In the deaf/blind child's early life, we need to help him be aware of his surroundings. We need to help him interact with his environment. We need to help him be a person -- an independent person, not a dependent person.

I am not going into discussion as to what education programs deaf/blind children need because I know you are experts in that area. What I am mainly interested in is career education.

Career education does not begin after the child finishes school. It begins at home and throughout his school days. We should teach our deaf/blind children that there are many different kinds of jobs that people do. We need to let them be exposed to the fact that there are policemen, firemen, mailmen, bakers, etc. Although we know the deaf/blind child may never be a fireman or a policeman, we also know that not every child that dreams of becoming one, does so.

Exposure to the world is so important. We tend to forget that it is our responsibility to see that children are exposed. Many parents keep their deaf/blind children or handicapped children at home because they are so ashamed. It is not the parents' fault in so many words. The parents need help. So you as professionals and experts in working with deaf/blindness have the responsibility of helping the parents shed this embarrassment or shame about their handicapped children.

If we can teach parents that there are many deaf/blind adults who are very successful in their field of work, if we show them that we have deaf/blind teachers, deaf/blind computer programmers, we have deaf/blind social workers, we have deaf/blind assembly-line workers who are side-by-side with hearing and signted workers, then I feel this would be of great help to them.

There are many job opportunities for the deaf/blind in our community if we only look for them. We tend to start off negatively saying, "Deaf/blind people can do only a very limited type of work." Is it so? How do we know? We have not really explored. We have not really sat down and studied the work situation to find out if a deaf/blind person could do that type of work.

I will agree we cannot encourage the deaf/blind person to be a taxi cab driver or an airplane pilot, but we can encourage him to train for a job that is in relation to what his dream is. For example, a deaf/blind child may want to be an airplane pilot. Most of us would say, "Oh, Johnny --you're being silly," rather than saying, "That's a beautiful idea." He could be encouraged to realize that to be an airplane pilot you must have hearing to hear the radio signals and you have to be able to see to take the plane up and then land it, but there are other jobs that can be done to help the pilot.

This child, depending on his overall ability, might become a computer programmer. There are jobs where a computer programmer helps the pilot make decisions and make flight plans. This is in relation to being an airplane pilot.

Career education is so vital in addition to academic and vocational programs. What we need in the same line of thought is a good work evaluation system. The work evaluation system is a concrete way of determining what an individual can and cannot do in the world of work.

I would be the first to admit that many of our work evaluation systems such as Towers, Jevs, Valpar and many others are not developed to evaluate hearing impaired-visually impaired individuals, but they can be modified, as can the work samples and instructions.

In order to make these modifications, we must rely on our friends, the job analysis system and the Dictionary of Occupational Titles.

Utilizing the job analysis process, allow me to take a minute to explain

what job analysis is. "Job analysis is the process of determining by observation and study and reporting, pertinent information relating to the nature of a specific job."

Using job analysis, one can go to almost any place of employment, pick any type of work task, and by observation alone put down: (1) what the worker does, (2) how he does it, (3) why he does it (4) the skill involved in doing it. The important parts of these four methods of observation are how he does it and the skill involved in doing it.

Keeping in mind that we are dealing with deaf/blind individuals or deaf people with severe visual problems, we need to look again at how the worker does the work task. Observe everything he does step by step, the tools and materials he uses, and then determine if anyone with a visual impairment could do the same type of work with modifications.

After completing the job analysis, take it back to your office, sit down and analyze it and come up with possible modifications to the work situation at a minimum cost or no cost to the employer.

Take for example a bench work situation where the employee has to sodder the circuit board. This is obviously an eye and hand coordination task. However, if we could modify the work activity by adding better lighting and perhaps a large magnifying glass to enlarge the work area and the circuit board to be sodderd, deaf/blind individuals could be successful at this work.

If the employer is not willing to pay for this modification, maybe the service agency could purchase such equipment.

This is just one example, but there are many, many ways of modifying work situations if we really sit down and analyze work tasks.

How do we connect this with work evaluation systems? Work evaluation systems consist mainly of work samples in relation to any specific type of work

activity. If we use a job analysis and see that some of this work can be modified by adding visual or other aids to the work area, then the vocational potential of the deaf/blind person increases.

After the work evaluation processes have been completed and several jobs have been determined for the deaf/blind person to go into, a simulated job environment would need to be set up to provide him with the necessary training to meet the production requirement of that specific job.

In conclusion, there is a need to plan, develop and deliver specially designed rehabilitation services and human development programs, including work evaluation systems for deaf/blind individuals in every state. This can be realized by implementing a systematic referral for deaf/blind individuals among service agencies; establishing working arrangements among health, service and education agencies in delivering appropriate human services; providing cooperative service agencies with information concerning needed modification of current training programs; utilizing available resources to meet needed in-service training programs; conducting surveys to provide long-term follow-up reports on rehabilitated deaf/blind clients; and undertaking studies to identify prospective employment opportunities.

AN AFTERTHOUGHT: "Minds are like parachutes -- they function only when open."

PRE-VOCATIONAL SERVICES PROVIDED TO DEAF-BLIND YOUTHS AT THE CALIFORNIA SCHOOL FOR THE BLIND

Evelyn Greenleaf, Principal
Deaf-Blind Department
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Continuous Assessment

in a

Pre-Career Program for the Deaf-Blind

Evelyn Greenleaf, Principal, Deaf-Blind Department, California School for the Blind, Berkeley, California

The idea of continuous assessment is by no means a new one for the general working public. We are all subject to continuous assessment of some kind. Why, then, should assessment of deaf-blind children be thought of as a one-time occurrence that will predict children's futures and label them for a lifetime?

At the Deaf-Blind Department of the California School for the Blind, there is a multi-opportunity program designed to give students a wide variety of experiences within its Pre-Career Program.

When the new legal requirements of PL 94-142 came along, we found that we were more than ready to present the facts of each student's progress from our recording data systems. All that needed to be done was that a single chart for each student be copied from our existing records.

It should be mentioned that our records of students in the program have always been open and available to parents and other concerned individuals.

The Pre-Career Program is now in its fourth year of operation. Each and every department in the school is utilized within the program. The department included are classrooms, workshops, craftshops, dormitories, kitchen, dining room, housekeeping unit, hospital, playground, gardening, and school offices.

When students first enter the school, the coordinator of the program visits them in their classrooms and observes them at recess and in recreational activities. This observation encompasses general behavior, gross and fine motor activity, eye-hand coordination, attention span, and communication modes. Informal conferences are held with the classroom teacher(s) and dormitory personnel in order to obtain a varied view of each student's capabilities.

In a reasonable time, a new student or two will be taken to a testing room for a formalized set of tasks. The testing room will have a totally different environment and design than any room in the school or within the experience of most people. It is to be hung with large, abstract-designed fabrics and paintings on mirrors. When the hangings are put in place for the test, the testing space becomes triangular in shape. Tables are made of materials not seen elsewhere in the school. The floor covering for test periods is to be made of 12" x 12" plywood squares or a geometrically-designed throw rug.

During examination sessions, industrial noises taped at a sheltered workshop will be broadcast in order to mask familiar school building noises.

A commercial car spray, smelling like a new automobile interior, will be sprayed about the room before the first examination session.

Upon entering the room, each examinee is given a work apron which matches that of the examiner. The child comes with an unfamiliar aide to the test room.

The testing materials are duplicates of jobs done in the community sheltered workshop and bear little resemblance to the usual schoolroom plastic manipulative sets of which many students are thoroughly tired and will not cooperate in completing. Very obedient children, on the other hand, will go through the motions of a test they have probably experienced almost daily. Some students seem to have memorized whole batteries of tests.

On the other side of the hangings in this room, the student's classroom teacher and the coordinator observe and record their own observations and reactions. A videotape recording is attempted at the first testing period and the final one.

The idea of so strange a physical arrangement for the testing room developed from the shocking experience of one's first day of work in a factory. The germ of the idea grew one day in a visit to a community sheltered workshop. Thirteen deaf-blind students from 12 to 18 years of age who already had had school pre-sheltered workshop experience were brought to this sheltered workshop for a work trial day. The workshop was large and noisy. There were many adult workers hard at work. There were disturbing light patterns on the walls and rotating vents that cast swirling patterns of light onto the work benches. The whole effect suggested an abstraction that could be carried over to the design of a school testing room.

The atmosphere of the sheltered workshop, rather than having a negative effect on the students, was looked upon with interest because it was new, and possibly the light patterns were of special interest to our group. However, the lights did not distract them,

once they were assigned a job. The only individuals affected negatively were student teachers and some other school personnel accompanying the group. The performance of the deaf-blind students, that day, was outstanding.

Our testing room has been ready for operation for four months and is being assessed for its validity. It takes no great expense or time away from the child's classroom time. Anyone with a little imagination and design skill can arrange the props for this purpose. The arrangement affords privacy, an interesting atmosphere, and an opportunity to observe students outside their usual element.

The use of schoolrooms for manipulative exercises in limited periods, as well as the testing done in the experimental testing room, precede a student's admission to a 40-minute per week period of work in the program's pre-sheltered workshop. These 40-minute periods are spent on traditional shop tasks that most school workshops assign their students. Generally, a toy or usable article is made. The shop teacher has the opportunity for intensive observation of each student's manual abilities. A record is kept of the child's progress and is available to the coordinator of the program, concerned school personnel, and parents.

After a year, generally, those students with reasonably good manipulative skill and the ability to attend to a task or series of tasks for an extended period of time, such as 25 minutes, are assigned to the pre-sheltered workshop for one 40-minute period per day. There they are engaged in repetitive tasks resembling those found in a true sheltered workshop.

Detailed task sheets are kept for assessment purposes. The coordinator visits the workshop weekly at different periods to observe specific students.

We have found in our sampling of 42 students, ranging in age from 12 to 18, that rewards in the form of food, drink, or trade-in tokens for accomplishing a task have not always been appreciated. For most students the opportunity to succeed at a task has been reward enough. Sometimes it seems as though the teacher needs the material reward-giving more than the student needs the object. It is a difficult thing to attempt to break this habit of giving a reward to those students who do not respond positively to this act. Last year, nine younger students (average age 11) who were taken to a community sheltered workshop for a trial work day expected no reward other than getting the job done. They were surrounded by strangers and responded more positively than they generally did in the school environment. We now offer less immediate rewards. The students seem to be telling us, "Let's get the job done and stop playing games."

For those students who understand the function of money, we have a pay system. This requires a great deal of work for the classroom teacher. The teacher must create a whole new world for those students who do not understand pay for work or accumulation of money for a specific purchase. This requires teaching of language, reasoning, and mathematics. All of the teaching and results in this area are very clear to the observer who is assessing the intellectual growth of the student, since many visual aids and students' work sheets are available for examination.

For students unable to understand the abstraction of money, shopping expeditions are arranged for each student and an attempt is made to correlate wages earned as having purchasing power for something especially desired by the student. If a child refuses to work, then there is no shopping trip for him.

The school dining room is a valuable teaching and assessment environment. The personnel--cooks, waitresses, and dishwashers--are extremely important to the program. In fact, the dining room personnel act as teachers, both to teaching personnel and students.

The coordinator of the program spends time working with various members of the dining room staff to learn each job, step by step. Thus, in this way, the job can be judged fairly. Conferences on the students' performances are held with the dining room personnel; the assessment forms are filled out by them as well. Comments are solicited and the dining room personnel representative and the coordinator sign the statement. Care is exercised to keep the assessment from being an academic teacher-oriented confrontation rather than a democratic discussion.

In the hospital the same procedures for assessment are used as in the dining room. The nurses help teach complex techniques such as bed-making and setting up instruments for the dental clinic. There are at least thirty jobs to be learned here. Among them are laundry, dishwashing, and clean techniques to be observed in the clinic areas. The students also prepare their own snack which offers a wealth of opportunities from table etiquette to using healthful foods, and also understanding the custom of break times during work days. Not only is actual work the objective of the program in this area, but also the ability to get along with the

medical personnel, to become acquainted with their specialized methods, and to learn appropriate behavior on the job.

Some students are assigned to varied duties in dormitories before and after school hours. Some help with the toileting and grooming of younger children. Conferences are held with concerned dormitory staff monthly and observations made by the coordinator at regular intervals. A detailed task sheet is filled out regularly and is signed by dormitory staff and teachers.

A new experiment has been tried this year in two classrooms for younger children. Two older students work for short periods each day as assistant teachers' aides. Since the older students have been through years of classroom matching exercises, they can go through these routines with no boredom and can easily report the results to the teachers. This frees the teacher for more specialized work with another child during this period. This occupation is to be thoroughly assessed, but is now in the early stages of development.

Older students who have mastered many occupations within our Pre-Career Program, are socially able, and can adjust easily to change are assigned as teachers' aides to beginning students working in the infirmary. Much can be learned here about aprropriate behavior while in a position of authority. So far, the response by the younger students to these junior instructors has been successful. Reactions of the new students to the authority of older students and patterns of authoritarianism, however, are less measurable on a chart than marking down a series of work steps accomplished. A written report is generally made of those psychosociological factors. (The research from regular Elementary

Education clearly states the effectiveness of peer tutoring. We have also found this to be true in our program with deaf-blind students.)

The clerical staff of the school offers opportunities for some students to meet people involved in abstract work. Students work as mail sorters and carriers and messengers. Few students can do work in this area since it generally requires the ability to read typed, printed, and hand-addressed materials. Those able to do work such as this could be trained for junior jobs in government offices. Because of the nature of these jobs, they are the least difficult to evaluate. Very few observations are necessary once the routines have been learned. Instruction generally takes less than six weeks.

Attendance-taking for the whole department is done by one deaf-blind student with usable sight, hearing, and speech. This job requires a personality that is polite, alert and considerate. The only difficulty encountered here is in the writing of names. Classroom teachers will usually spell out the name to the attendance taker. All teachers are asked to evaluate, informally, the performance of the student attendance taker. The coordinator accompanies the student at least twice a month on an evaluation/assessment tour. A detailed task sheet is kept for the record. This job is an excellent ego builder and offers great opportunity for speech practice.

The pre-sheltered workshop on campus is a training facility designed to simulate workbench activity such as is found in sheltered workshops for adults. Our shop provides a safe and

limited persons. We do not mean to imply, however, that students may change jobs without good reason.

If a student is always able to learn a job technique in a short time, he is not given routine-type activities. Generally, this type of student is employed in places such as the dining room. Other students of this type may work before or after school in the dormitories. For this particular kind of student the school day is totally academic.

Introduction to the community at an early age offers many advantages to students of all capabilities. Individuals from the ages of 12 to 19 regularly visit four sheltered workshops in the county. It is possible in these shops for the students to recognize that they are doing work similar to that of adults. There is also the opportunity to observe multihandicapped adults at work and social gatherings. It is hoped that this early exposure will help prepare some of these students for positions in such shops when they are ready for employment.

Close contact is maintained with the management of the sheltered workshops. Their observations and suggestions concerning the students are noted and compared with those of the school staff.

Presently two teen-age students attend a sheltered workshop in the community two afternoons a week. The coordinator visits the shop twice a month to observe and discuss the situation of these students. Task sheets from that facility are used as assessment statements.

The progression from early school life to young adulthood in the Pre-Career Program takes place as follows:

and truly sheltered atmosphere which fits the needs of many students in the program. After spending a certain time at work stations in the shop, some students will be given jobs entailing contact with employees. Others with usable sight and fair mobility skills learn to gather garden clippings and usable kitchen refuse. In time these students begin to relate with the gardeners and kitchen personnel on a worker-to-worker basis. Learning these routines involves more than meets the casual eye. Some of these students are usually classed as low-functioning by relatively non-observant professionals. Yet, the ability to complete these tasks from gathering point, to wheelbarrow, and finally to sorting materials for the department compost heap is a great accomplishment and worthy of positive comment. A complete record is kept of the work in this unit and the coordinator regularly visits it.

It is the policy of the program that student participants be given some freedom of choice in selecting jobs. In many cases, the job selected will be one in which success is insured. And why not? If the students are undecided in making choices, then they will be guided into a work area at least for a short-term trial. If a student changes his mind and is the type of person who can move readily from one area to another, we allow this movement and change of choice. We accept change and variability in our students much as we are tolerant of the varied backgrounds and several changes in college majors and jobs of our professionals. In fact, we find that such people are more able to adjust to change and accept greater variability than others. We subscribe to the idea that limited opportunities and limited activities produce

First: in the classroom with classroom teacher and aides. Ages approximately 7 through 12.

Second: in the work assessment laboratory. Ages 11 through 14.

Third: in the pre-sheltered workshop, in a distant building away from schoolrooms. Ages 12 through 21.

Fourth: the true sheltered workshops, located in nearby communities. Ages 16 through 21.

In the past, it has been difficult for some teachers and other school personnel to accept working with one's hands in the school, even for short periods during the school day. However, today there is total acceptance and appreciation of the validity of such activity.

By no means is the Pre-Career Program designed to eclipse the valuable function of the classroom. It is, instead, designed to broaden the horizons of all persons concerned with the education of deaf-blind students. Language and communication receive top priority. Language is not relegated to painful, one-answer drills. Spoken and/or written language is presented as a natural and preferred mode of communication, whenever possible.

Teachers incorporate every school-day experience into their efforts to teach understandable language and reasoning that will contribute to better functioning by the students in all phases of life and will help prepare them for participation within the greater society.

Outside of school, advantage is taken of local service clubs and business organizations. Participants in the program may be introduced at meetings, along with films featuring those students at work or recreation. Organizations are invited to attend special open house programs at the school. Students may be met on the job site to give a truer picture of what deaf-blind students are able to do. This is much more effective than a dead display of artifacts made by students.

Federal and state personnel are invited to observe deaf-blind students at work in order to demonstrate the great variety of jobs accomplished in our program. Since government agencies may not discriminate against hiring the handicapped, there can be little reason for qualified students not to be hired by those agencies.

Parents and guardians are constantly informed of the opportunities available to their children within the Pre-Career Program. If the parent feels that a work program, even though only five periods a week, would be demeaning to their child, then that child will not be included in the program. To date, only one such objection out of 30 possibilities has been made. Parents are informed three times a year of the progress of their children, in a detailed letter, as well as in the expected report cards. More letters are written or a conference is held if any changes in program are planned, or if parents request one.

All means of persuasion are used to show parents the importance of some work and career training for their children. Many residential students miss the very activity that gives important variety to a good home environment.

Task sheets for each child are detailed and in the beginning stages each task is graphed until it levels out to show progress or the lack of it. A photographic record is kept of almost all activities within the program. Photo albums are available to parents and other interested parties. Videotapes are also available for review.

Whenever feasible, a videotape is made of students engaged in some activity related to the program. The kinds of videotapes on file are: assessment of individual task activities; records of special achievements; innovative activities; records of notable changes in the development of an individual; work activities at local sheltered workshops; and work activities within the school complex.

These tapes are invaluable when trying to convince people that our students achieve good and productive working habits. The tapes are available to concerned teaching staff, new teaching personnel, dormitory personnel and rehabilitation workers. Videotapes are most valuable for review, and to settle any controversies concerning the assessment report made for a student.

It can be seen from this description that there should be a qualified pre-career coordinator available to a school district or residential school. This person should be free to visit all concerned classes and to establish and maintain face-to-face contact with the community and government agencies, service clubs, and the business community. It is difficult for the classroom teacher to do all of this recording and reporting of task accomplishments, since the day is taken up with so many other details that need to be recorded for each child in all other areas of school life. Otherwise,

all of the basic work and training for occupations for the deaf-blind will be forced upon rehabilitation agencies for the five or six years following the school years. And by then, it may be too late to teach acceptable work habits after some twelve to fifteen years of contained classroom attendance.

TWO TYPICAL DEAF-BLIND PRE-CAREER STUDENTS

California School for the Blind

Daily Schedules - School Year 1978

Kenneth (B.D. 11/29/58) Entered C.S.B. 9/66 Entered Pre-Career Program 10/74	Marvelle (B.D. 7/12/63) Entered C.S.B. 5/72 Entered Pre-Career Program 9/76
8:40 - Language 9:30 - Hospital Work 10:30 - PreSheltered Workshop 11:30 - Language and Math 12:00 - Mail Delivery 12:20 - Lunch 1:20 - Gym 2:00 - 3:30 Monday and Wednesday Community Sheltered Workshop Thursday Swimming Tuesday and Friday Practical Math Money Management 5:00 - 6:00 Dining Room Work	8:40 - Pre-Sheltered Workshop 10:25 - Recess 10:50 - Language and Reasoning 11:30 - Language 12:20 - Lunch 1:20 - Supervised Play 2:00 - 3:30 Monday - Language Tuesday - Group Games Wednesday - Cooking Thursday - Swimming Friday - Living Skills
Teacher and Other Employee Work Contacts Teachers 3 Nurses 3 Clerks 2 Kitchen Employees 3 Community Workshop Supervisors 3	Teacher and Other Employee Work Contacts Shop Teacher 1 Classroom Teachers 4 Dormitory Counselors 3

AN OVERVIEW OF PREVOCATIONAL PROGRAMMING

by

W. Michael Minihane, Vocational and Educational Specialist
New England Regional Center for Services to Deaf-Blind Children
Watertown, Massachusetts

I have only an hour to spend with you this morning to describe all that is going on in the very broad area of prevocational training in New England. Therefore, I will attempt to deal only with those issues which I consider to be of major priority. In an attempt to address your various needs and interests, I have brought with me a large number of handouts which will go into more detail than would be possible for me to explain now. In addition, I will allow about ten minutes at the end of my presentation to answer questions. Rather than attempt to describe in great detail each of the programs which currently exist or which are planned for next year, I will place heavier emphasis on the philosophical and programmatic underpinnings that are common to most of the programs in New England. Following that, I will briefly describe the major programs which emphasize what I refer to as life-appropriate programming.

In my consultations with agencies throughout New England, I emphasize my strong belief that prevocational training should not be viewed as an entire program, but should instead be considered one of many major components of life-appropriate programming for our deaf-blind students. As the majority of our deaf-blind population reaches mid-teens, it becomes increasingly critical for all of us who are involved in programming for these students to take a long hard look at what we are attempting to accomplish. Years of experience have taught us that growth and development which one might assume occurs in normal children as a result of exposure to their environment, simply does not occur in the vast majority of our students, without heavy intervention. What are then our programming priorities for these students? It seems to me that our ultimate goals for all of the deaf-blind students are: 1) maximum independence in living, 2) maximum

independence in working, and 3) maximum independence in use of leisure time. Certainly, potential levels of independence vary greatly within our population, and a part of our task is to assure that appropriate living and working alternatives will be available on a long-term basis. However, in terms of programming which we are offering to this population now, it seems clear to me that these three major goals must serve as the foundation on which we build.

Certainly, preparation for maximum independent functioning in all three areas requires a wide variety of programming. Furthermore, it is clear that programs must be developed individually to meet individual needs. I will not discuss all programming components which need to be considered, but they certainly include self-help and daily living skills, cognitive development, communication development, social development, behavioral programming, visual training, auditory training, motor development, and prevocational training. Goals in these areas must be developed as they relate to long-term living, working, and recreational concerns for the individual student. I have also brought a handout with me which includes more detailed information on each aspect to be included in a total program. My purpose in discussing this model early in my presentation in twofold: 1) to emphasize the fact that prevocational training is merely one component of programming, and 2) to reinforce the concept that all of our programs must be developed on the basis of long-term goals for each individual student.

I would like to spend the next few minutes explaining the potential living and working alternatives which may need to be available for the deaf-blind population. If we are to develop reasonable and realistic long-term goals for each student, then it is critical that we all have a solid understaning of what the future alternatives need to be. Furthermore, it is critical that we recognize from the outset, that the vast majority of our population is extremely multiply handicapped and will require a great deal of supervision in any living or working situation in the future. Although, rare exceptions certainly exist, it is

critical that we think and plan for the majority.

Let us take a brief look at where we in New England currently find our deaf-blind population residing, at the same time observing the potential of each placement to provide long-term service. We have a substantial number of deaf-blind students who reside in our state institutions for the mentally retarded. Although programs within many of the institutions are excellent, the living situations generally leave a great deal to be desired. Thus, although state institutions for the mentally retarded may be available as long-term residential placements for our students, I cannot generally consider them placements of choice.

A second large group of deaf-blind students in New England currently attend programs in residential schools. Whether long-term residential placement will be available at these schools is a function of many variables, including willingness of the schools to provide such service, availability of funding, and appropriateness of a school-like setting for long-term residential placement. In general, it seems to me that we must consider alternative situations when we look toward the future.

There is also a fairly large population of deaf-blind students who currently reside with their families. Whether or not individual families choose to keep their deaf-blind son or daughter at home, alternatives need to be made available to them. I feel that it is simply unfair to proceed on the assumption that any family will be willing or able to provide permanent care of their handicapped offspring. We also have a small population of deaf-blind students who now reside in foster home placements. Although these placements generally provide a very excellent and home-like living environment, I think that it is unrealistic to assume that they will be available on a permanent basis. There are certainly limits to the resources of foster parents, just as there are to those of natural parents, and the alternative of changing foster home placements regularly for a deaf-blind adult is unattractive to me. Thus, it is clear to me that we need to

provide some other kind of long-term living alternatives. I have described these alternatives in the handout entitled Community Residence Continuum. This handout simply identifies points along a continuum of small group residential placements which I feel will need to be available to meet the need of the deaf-blind population. I shall not spend a great deal of time discussing this continuum, since I am confident that you are familiar with group homes and community residences. However, I do wish to emphasize that these small group living alternatives are to me the most reasonable long-term alternatives which we can make available to our students. The continuum provides alternatives for a very broad range of functioning levels in living situations which provide the supervision and support services required. In terms of our current programming, I feel that this continuum can help us make reasonable long-term projections related to living situations and thus develop appropriate individual programs designed to help our students attain those goals. Furthermore, I feel that it is important for those who are now involved with students to look to the future and help insure that the alternative living situations identified on the continuum will be made available. Once again, I would like to emphasize that there is nothing particularly magic or profound about this continuum; I view it simply as a tool to provoke thinking and assist in future planning.

Just as we looked at what potential living alternatives might be for our population, it is equally important to consider what vocational alternatives will need to be made available. Just as the majority of our population will require significant supervision in their living settings, they will likewise require heavy supervision in any vocational setting. I have brought along a handout which describes various points along a continuum of vocational alternatives. It describes settings ranging from heavy supervision and little productivity to competitive employment.

Once again, I will not spend a great deal of time discussing each alternative,

because I assume that most of you are familiar with the sheltered employment situations which are currently available. Generally speaking, one can find work activity centers, sheltered workshops, and competitive employment opportunities which currently exist. All of these alternatives assume at least some degree of productivity. Although the federal definition of work activity centers which I have included on the handout indicates that they will serve clients whose productivity is inconsequential, most work activity centers in New England, at least, serve a much higher functioning population. Thus, I have listed day activity centers as another vocational alternative which must be made available. The emphasis of such a setting would need to be on providing meaningful activity and perhaps preparation for more production oriented settings.

As in the case of the community residence continuum, I feel that the vocational alternative continuum can serve a dual role. First, I hope that it can be an aid in making realistic long-term vocational projections for our deaf-blind students, and thus in developing appropriate prevocational program components which will prepare them to attain those goals. Second, it can perhaps serve as a guide in our future planning to meet the vocational needs of our multiply handicapped deaf-blind population.

As I mentioned earlier, we must also prepare our students to utilize their leisure time in the most independent manner possible. I feel that this is a too frequently neglected aspect of programming which needs to receive much more attention. We need to select leisure activities which are developmentally and age appropriate. We then need to teach the skills necessary for these activities and teach the students how to engage in them independently. Following this, we need to foster maximum independence in the selection of and participation in leisure time activities. This kind of training needs to become a part of both the educational and residential program components for all of our students.

I will conclude this segment on approach to programming by summarizing my

philosophy and approach in a single sentence. In order to provide appropriate programming for our students, we must first identify both the living and vocational setting into which they might reasonably fall on a long-term basis, and develop individual educational programs which will enable them to function as independently as possible within those settings. In an attempt to facilitate this process, New England Regional Center has for the past two years requested that each agency submit long-term living and working projections for each student as part of the individual's student plan. I have brought a statistical summary of those projections with me, as I thought they might be of interest to you. The data simply supports our feeling that these students will require significant supervision on a long-term basis in both their living and vocational environment. I would expect that data collected on the deaf-blind students in South Carolina would reflect similar long-term needs.

Having examined at least briefly the long-term living and vocational alternatives for which we are preparing our students, I would like to offer at least a brief description of the kinds of training included in the prevocational component of most programs in New England. It is important to remember that these prevocational components do not exist in isolation, but are rather key components of larger programs which are designed to foster maximal independence in all areas. I shall describe only the prevocational component, and place each agency's prevocational component in its proper context in my overview of the programs which exist in major agencies throughout New England. However, I think that it will be more helpful to you in developing your own programs if I spend some time describing what I believe to be the critical aspects of a prevocational component, rather than placing too much emphasis on describing existing programs which may or may not meet your needs.

Obviously, the first step in developing a prevocational component to your program, is to identify exactly what is meant by prevocational training. For my

purposes, I have found the following definition helpful: Prevocational training is training which will prepare an individual to function in the least restrictive vocational environment possible. We must remember, also, that I am defining the term "vocational" extremely broadly, and including all settings on the Vocational Alternative Continuum regardless of emphasis on productivity. It is important also to draw a clear distinction between prevocational training and vocational training. Vocational training by definition implies training to perform a particular job or jobs which can be clearly identified. For example, one might enter a vocational training program to become a machinist or a machine operator. I do not believe that in the vast majority of cases, this is what we are attempting to do with our deaf-blind students. Most of them will be functioning in a sheltered employment setting of one type or another and it would be impossible for us to identify and train for all of the tasks or jobs which might be encountered in such settings. What we can do is to identify as many skills as possible which may be required and provide training which enhances the development of those skills in our students. This is what I consider to be prevocational training, that is training which prepares individuals for a vocational setting, but does not necessarily train them to perform a particular job or task. When our students do eventually become placed in some vocational setting, they may in fact require vocational training on the job, but this is not programming which we can anticipate or provide.

The major areas which need to be included as part of the prevocational program should realistically be determined by the requirments of the long-term vocational setting. Thus, I think that you will find "An Educational Guide to Prevocational Skills for Deaf-Blind Persons", with which I am sure you are all familiar, to be very helpful in developing prevocational components to your programs. In general, one needs to provide training in individual work skills, development of attention span, development of appropriate behavior patterns within the work setting, development of adequate communication skills within the work setting, and development of

basic mobility skills within the work setting. The guide also provides more specific examples of actual work skills which need to be developed in the prevocational component, including matching, sorting, packaging, and assembling. The other components such as attending behavior, communication skills and mobility need to be included as they relate to the work setting and the work skills.

There are some considerations which need to be made when attempting to develop any prevocational component. Those considerations include insuring that all activities are age appropriate, developing a work-like setting in which the training can occur, maximizing consistency within the training component, being careful to emphasize skills not tasks, and finally ensuring that the tasks which are used are carefully broken down into small components. I would place particular emphasis on the last two consideration, since I have found them to be the greatest problem areas in prevocational components. First, we must always remember that our purpose in a prevocational training component is not to teach individual tasks, rather it is to develop skills which will be required in a vocational setting. It is all too easy to decide on a few prevocational tasks which seem appropriate and lose sight of our purpose, i.e., skill development. Our approach to programming in this area should be to identify skills which need to be developed, and then identify tasks which can be used to enhance and develop those skills. I have brought a handout with me which was designed to emphasize this process. First, a skill area was identified, then a task which would develop that skill, and finally a further analysis of all the skills involved in that task. The skills and tasks identified on the handout are not of major importance; what is important is that they describe a process which is critical to good prevocational programming. Finally, once a task which will develop a particular skill had been identified, it is critical that the task be carefully task analyzed and broken into its component parts. This process will help to ensure successful training and skill development. In concluding this section, I would further emphasize that one needs

to develop a variety of tasks which will develop a particular skill. In this way, we can help ensure that our students are in fact developing a skill and not simply learning one particular task.

I shall conclude by giving you a glimpse of the major programs in New England which emphasize life appropriate training. If you have specific questions about them, I will be happy to attempt to answer or to give you the name of a contact person at the agency.

Connecticut

Oak Hill School in Hartford currently offers a spectrum of small group living situations geared to providing training for maximum independent living. This spectrum will be further expanded next year and the deaf-blind students will be integrated into those settings most appropriate to their current functioning. In addition, Oak Hill is optimistic that it will be able to provide a spectrum of small group living situations to these individuals on a long term basis.

The prevocational component of the program includes prevocational work in the classrooms, special prevocational training areas in the school, and the establishment of a work activity center next year. In addition, more sophisticated prevocational training (industrial, education, business education, etc.) is offered to students who are able to benefit from it.

New Hampshire

For next year, two adolescent severely retarded deaf-blind students will be receiving an intensive prevocational training component for half a day, five days per week within the state workshop for the blind in Manchester. A separate training program will be provided for them within this setting and they will be integrated into normal activities of the workshop to the extent they are able. One of these students (who is currently in an institution) will live full time in a privately operated group home, and the other will receive day programs in the same home, but will continue to reside in her natural home.

Massachusetts

During 1977-78, Massachusetts Association for the Blind will locate, furnish, and staff a small group home. The first seven months of the project will be spent on locating the facility, securing appropriate licensing, furnishing the home, and hiring houseparents. Houseparent job descriptions, areas of responsibility, schedules of houseparent rotation, community recreation resources, transportation alternatives, and daily activity schedules for the deaf-blind residents will be developed and delineated.

During the next five month period, four deaf-blind residents will move into the group home. Goals and objectives for each resident will be developed in the following areas: self-care, room maintenance, house maintenance, cooking, laundry, leisure time, social skills, outdoor and recreational skills, and community awareness. Progress toward these goals will be evaluated quarterly.

The youngsters will continue to participate in the full-time educational program at Massachusetts Association for the Blind.

Perkins School for the Blind currently operates three programs for deaf-blind students which place particular emphasis on life appropriate training.

In September of 1976, the Oliver Cottage Program was initiated for ten pre-teenage deaf-blind students which provided a physical setting and a flexibility of schedule which it is hoped can be more effective than the usual classroom program in the development of skills, knowledge, and attitudes essential toward increased independence in daily living activities. The students involved are ones whose progress in formal academic work has been quite limited, but who have potential for considerable growth in practical communication skills, in understanding of social situations and ability to behave appropriately, in simple work skills and attitudes, and in development of greater independence in self-care and self-occupation. The students beginning in the program have been in the Deaf-Blind Department for four or more years, and have been profiting from their program, but now seem ready for a somewhat different emphasis in their future learning.

The program is based in Oliver Cottage, where the students live and have some of their learning experiences, but the program makes use of the whole campus and its facilities as well as the community. As the students have difficulty generalizing from a formal lesson situation to real-life use of skills and knowledge, the program will provide as much as possible for learning within natural settings and experiences.

A special cottage-based program at Perkins School for the Blind prepares a group of young teenagers (14-16 years) for later entry to a community residence training program. The purpose of the program is to develop good work habits, attitudes and skills which the students will need in future community residence placements. There is a great deal of experience in working in a group, sharing interacting and independent completion of tasks. Classes in language and communication, numbers, current events, home and personal management and general information are conducted in the cottage. Students go out for classes such as industrial arts, work activity and physical education.

Work experience activities may be cottage chores done in the cottage or outside the cottage in conjunction with other departments such as the laundry or maintenance. Suppers are prepared by the students. Other meals are prepared when special cooking units are being studied. Students are given the responsibility to care for their room and their clothes and to choose leisure activities.

The objective of the Perkins Community Residence Training Program is to prepare deaf-blind young adults to live in a group home, a shared dwelling or alone in the community. The curriculum includes home and personal management, food preparation, use of leisure time, industrial arts, work experience, off-campus job placement, orientation and mobility and sub-contract work. There is a major emphasis on assuming responsibility for making decisions that will affect their lives.

Rhode Island

Meeting Street School operates a satellite home for its deaf-blind students. Three students live in the home five days a week for a month at a time. All twelve students in the Meeting Street School's program are rotated through the program. The programming in the home places a heavy emphasis on maximum independent functioning in a small group living environment. Training includes self-care, household maintenance, basic food preparation, community exposure, and effective use of leisure time. At the satellite home students receive educational programming from their usual teachers who come into the home for regularly scheduled blocks of time.

Vermont

The Vermont Achievement Center will assist in the deinstitutionalization of three deaf-blind students in Vermont by developing a small group home for next year. The project will provide a coordinated total living and learning environment for these students.

The home setting will be used as a site to reinforce skills and knowledge acquired in the classroom. It will also be of primary importance as an instructional and habit formation environment for the needed skills of daily living. Independence in personal care as well as participation in household duties are planned. At their level of ability, students will participate with dignity in the tasks needed to maintain the operation of a home. As appropriate, they will also be involved in the larger community.

It is exciting to see so many programs throughout New England moving in this vital direction. We look forward to their continuing success and anticipate that they will serve as models for service which can be adapted and replicated on a broader scale.

VOCATIONAL ALTERNATIVES CONTINUUM

by W. Michael Minihane

I. Day Activity Center

A. General Description of Population

- Full-time supervision required
- Able to perform very simple crafts or work-like activities
- Involvement possible for only a very limited time span
- Negligible productivity

B. General Description

- Variety of different activities available
- Heavy supervision available
- Little or no emphasis on productivity
- Emphasis on providing meaningful activity and on preparation for more production oriented work activity center (if realistic)

(see "Day Activities Center" information)

II. Work Activity Center

A. General Description of Population

- Full-time supervision required
- Able to attend to simple tasks for brief periods
- Able to work for a reasonable time span (2 - 4 hours)
- Demonstrates some productivity (may be quite limited)
- Able to perform simple work tasks (e.g., sorting, packaging)

B. Definition

"Work activities center" shall mean a workshop, or a physically separated department of a workshop having an identifiable program, separate supervision and records, planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential. (Code of Federal Regulations, Title 29, Part 525).

C. General Description

- Supervision available
- Some emphasis on productivity
- Payment is on a piece rate basis
- Work is simple sub-contract oriented or simple prime product oriented

III. Sheltered Workshop

A. General Description of Population

- Supervision available
- Able to attend to work tasks for reasonable period without supervision
- Able to perform work tasks (e.g., sorting, packaging, assembling)
- Demonstrates fair productivity (non-competitive)
- Able to work for a time span which approximates a regular work day

III. Sheltered Workshop (continued)

B. Definition

"Sheltered workshop" or "workshop"means a charitable organization or institution conducted not for profit but for the purpose of carrying out a recognized program of rehabilitation for handicapped workers, and/or providing such individuals with renumerative employment of other occupational rehabilitating activity of an educational or therapeutic nature.

Special minimum wages for handicapped workers in sheltered workshops are lower than the minimum wage, but not less than 50 per cent of such wage. Special certificates allowing an individual wage rate of 25 per cent of the minimum may be secured for individuals incapable of earning a rate of 50 per cent or higher. (Code of Fed. Reg., Title 29, Part 525).

Placement in the workshops surveyed was both transitional and terminal.

C. General Description

. Some supervision available (limited)
. Heavy emphasis on productivity
. Work is sub-contract or prime product oriented

IV. Competitive Employment

A. General Description of Population

. Able to function with only that supervision available in open industry
. Able to perform work tasks at a competitive rate
. Able to work a standard work day

B. General Description

. Primary emphasis on productivity
. Very limited supervision available
. Work tasks vary greatly

COMMUNITY RESIDENCE CONTINUUM

By

W. Michael Minihane

I. Greatest Independence — Independent Apartment

A. Living

1. Client lives with no supervision
2. Independent apartment maintenance
3. Plans, shops for, and cooks all meals (may use volunteers for shopping, but must arrange for these independently)

B. Vocational

1. Client travels to and from work independently, or arranges and pays for transportation
2. Client holds full time job which pays a salary sufficient to meet his expenses (including rent, food, etc.)

C. Social

1. Client handles leisure time independently, although (s)he may use volunteers and organizations if he makes these arrangements

II. Minimal Supervision

A. Living

1. Apartment complex with one houseparent apartment included
2. Client handles maintenance of apartment
3. Client handles planning, shopping for, and preparing meals (volunteers may be used for shopping if client arranges)
4. Houseparent needed only for emergency situations or occasional advice and suggestions

B. Vocational

1. Client travels to and from work independently, or arranges and pays for transportation
2. Client holds a full time job which coupled with SSI payments is sufficient to cover all expenses

C. Social

1. Client handles leisure time independently, volunteers may be used if (s)he makes arrangements

Community Residence Continuum

III. Minimally Supervised Residence

A. Living

1. Clients live in a home with six to twelve clients and one set of houseparents
2. Clients plan, shop for, and prepare all meals (breakfast and lunch individually, main supper meal is prepared by group), volunteers may be used for shopping
3. Clients maintain their own rooms
4. Clients share residence maintenance
5. Clients pay room and board sufficient for residence upkeep (mortgage, repairs, taxes, etc.), houseparent salaries subsidized
6. Houseparents are available at night and during evenings for general supervision

B. Vocational

1. Clients travel to and from work independently or arrange and pay for transportation
2. Clients hold full time jobs which (combined with SSI payments) pay salaries sufficient to cover room and board and other expenses
3. Clients must be out of the residence during the day (houseparents are off)

C. Social

1. Clients handle leisure time independently, volunteers may be used
2. Group activities organized by clients

IV. Supervised Residence

A. Living

1. Clients live in a home with six to twelve other clients and houseparents
2. Clients share room with one other client, they share room maintenance responsibilities
3. Clients plan for, shop for, and prepare breakfast and sandwich lunch (independently and individually), volunteers or houseparents may assist with shopping
4. Clients rotate for group preparation of main supper meal
5. Clients pay room and board sufficient for residence upkeep (including mortgage, taxes, repairs, etc.), houseparent salaries are subsidized.
6. Houseparents responsible for main meal supervision and general supervision of residence, presence required during nights and evenings

Community Residence Continuum

IV. Supervised Residence (Continued)

B. Vocational

1. Clients must be able to travel to and from work independently or use and pay for own transportation
2. Clients must hold a full time job which (coupled with SSI payments) pays a salary sufficient to pay room and board and expenses, workshop employment is acceptable
3. Clients must be out of the residence during the day, houseparents off duty

C. Social

1. Clients handle leisure time independently, may use volunteers
2. Group activities
3. Houseparents must be present during these times for supervision

V. Heavily Supervised Residence

A. Living

1. Clients live in group home with six to twelve other clients and two sets of houseparents
2. Clients share a room with one or two other clients and are responsible for room maintenance (some supervision and minimal assistance may be required)
3. Clients prepare breakfast and package lunch with minimal supervision and assistance
4. Clients assist in preparation of main supper meal, houseparents have major involvement
5. Clients pay room and board, houseparent salaries subsidized
6. Houseparents have heavy supervising responsibilities when clients are in home; also have responsibility to assist clients where needed

B. Vocational

1. Clients can travel to and from work using arranged transportation
2. Clients must hold jobs in workshops or day activity centers which, coupled with SSI payments, provide salaries sufficient to pay room and board and living expenses
3. Clients must be out of residence during day, houseparents off except for emergency situations or sickness

C. Social

1. Clients participate in simple leisure time activities (volunteers may be used) with minimal supervision
2. Group activities

Community Residence Continuum

VI. Maximally Supervised Residence

A. Living

1. Clients live in a group home with six to twelve other clients, four rotating full time houseparents (two on duty at all times), a cook and a maid (five days per week)
2. Clients share a room with one or two other clients, one houseparent sleeps on each floor or residence
3. Clients assist in grooming, dressing, and room maintenance
4. Cook has responsibility for meal preparation (houseparents on weekends)
5. Maid has responsibility for home maintenance
6. Clients pay room and board from SSI, personnel salaries further subsidized

B. Vocational

1. Clients travel to and from day activity center via arranged transportation
2. Clients spend half days in work activity centers
3. Some activities available in residence for remainder of day

C. Social

1. Clients participate in simple leisure time activities with close supervision
2. Volunteers should be heavily utilized

DAY ACTIVITY CENTER

by Kathleen A. Minihane

General Goals of Day Activities

. Provision of meaningful and varied activities during the day time period.
. Enhancement of fine and gross motor skills.
. Development of appropriate work attitudes.
. Development of the concept of an employer-employee relationship.
. Enhancement of the ability to function as an integral component of the work group (e.g., function on an assembly line)
. Assessment of individual development in all areas based on pre- and post-testing techniques.

General Description of Day Activities

. Each activity would be designed for approximately five individuals under the supervision of one staff member.
. All activities will utilize life-appropriate materials.
. Each activity will be fully task-analyzed and completed using either assembly line procedures or a total task approach (depending upon the activity involved).
. Criteria for placement in a particular task or at a particular work station will be based on individual competencies.
. Movement to a new task in an area or to a new work station will occur only after the individual has demonstrated mastery of the given task or if the task is determined to be inappropriate.
. All materials and tools used to complete an activity or segment of an activity will be arranged in clear sequences or at appropriate, clearly identifialbe work stations.

Typical Job Example

Sandwich Making:

Station 1

Given a tray and a loaf of bread, the student will place individual slices of bread in rows on the tray.

Station 2

Given a filled tray and sandwich meat, the student will place two slices of meat on each slice of bread.

(Sandwich filling may be substituted for meat. (filling-prepared in advance)

Station 3

Given a filled tray and a loaf of bread, the student will place one slice of bread on each sandwich.

Station 4

Given a filled tray of sandwiches, the student will place each sandwich in an individual bag.

Station 5

Given the tray of bagged sandwiches and prepared price stickers, the student will place one sticker on each bag.

Station 6

Given the priced sandwiches, the condiments and a box, the student will place the sandwiches and condiments in the box.

SAMPLE ACTIVITIES FOR WORK-RELATED SKILL DEVELOPMENT
by Peggy Basch and Marilyn Gregory

These activities are suggested for the classroom teacher. We feel there are developmental steps before the students are ready for a workshop training setting. Many skills can be taught in the classroom. Work habits and attitudes are formed long before the age of 16. We need to offer the students opportunities to acquire the necessary work awareness skills at an earlier age. It is important to set aside a specific area or room as the work site. The same person should direct the job (concept of boss). Many activites can be intergrated into the regular school program.

Fine Motor Coordination

One Step Process
Step 1 - sorting nuts and bolts.

Pickup the individual nut or bolt with the forefinger and thumb and put into the appropriate container.

This activity can be practised with various sized nuts and bolts. Starting with larger bolts and nuts progressing to smaller sizes.

Skills involved:
- visual discrimination
- classification
- fine motor muscle
- manipulation
- following directions

Two Step Process
Step 1 - sort the nuts and bolts according to size.
Step 2 - screw together the corresponding nut and bolt.

Skills involved:
- visual discrimination
- sequence
- one to one correspondence
- fine motor muscle
- manipulation
- seriation
- collating

Three Step Process
Step 1 - sort the various sized nuts and bolts according to size.
Step 2 - put together the corresponding nuts and bolts.
Step 3 - pack the same sized nuts and bolts in a plastic bag and staple.

Skills involved:
- following directions
- visual discrimination
- seriation
- one to one correspondence
- fine motor manipulation
- sequence
- collating

Sorting Activity

Many common objects can be sorted according to:

1. color
2. shape
3. size
4. weight

Sample: Packing beads in egg carton by color

Advanced sorting skills involve: eye/hand coordination
organization
spatial relationships
1. packing objects in a given time limit.

Sample: - Timed

1. Packing eggs in a carton.

2. Packing fruit in a box.

3. Packing breakable things.

Skills involved: categorization
eye/hand coordination
visual discrimination
spatial relationships
one to one correspondence
speed - accuracy

Sequence Activity

Beads

Stringing necklaces - following teacher's pattern

1. Alternating color scheme red/white.
2. Three color scheme.
3. Vary the pattern 2 red, 1 white, 2 blue.
4. Can build up to an elaborate color scheme.

Skills involved: sequence
one to one correspondence
fine motor manipulation
visual discrimination

Stringing necklaces - from memory - oral directions and picture shown then taken away

1. Alternating color scheme blue/red
2. Three color scheme
3. Vary the pattern 2 red/1 white/2 blue
4. Build up to more elaborate color schemes

Skills involved: sequence
visual memory
auditory memory
fine motor manipulation

Folding - following the teacher's pattern

1. Fold in half - put in envelope.
2. Fold in thirds, put in envelope.
3. Fold and staple, put in envelope.
4. Fold different colors and put into corresponding colored envelopes.
5. Fold 2 colors together blue/white - staple, put into envelope.

Skills involved: following directions
fine motor skills
one to one correspondence
sequence
collating

Folding - following oral directions

1. Fold in half - put in envelope.
2. Fold in thirds, put in envelope.
3. Fold and staple, put in envelope.
4. Fold different colors and put into corresponding colored envelope.
5. Fold 2 colors together- blue/white - staple, put into envelope.

Skills involved: following directions
auditory memory
fine motor skills
one to one correspondence
sequence
collating

Clothes pin on a card: following teacher's oral instructions.

1. Sort the various colored clothes pins.
2. Put one of each color on a card.
3. Pack the card in a plastic bag.

Skills involved: sorting
collating
fine motor skills
one to one correspondence
organization skills
auditory memory
following directions.

Packaging eating utensils

Step 1: Sorting napkin, fork spoon
Step 2: Group 1 of each together napkin, fork, spoon
Step 3: Put all 3 in a plastic bag. Staple it closed.

Skills involved: visual discrimination
sorting
categorizing
collating
sequencing
fine motor

Filing Activity

Alphabetizing

1. Putting cards in order by letter a b c.
2. Putting cards in order by first letter of words - apple car.
3. Putting cards in order by first letter of names - Abby Carol.

Skills involved: sequence
visual discrimination
reading
categorization

Alphabetizing - more detailed

1. Putting cards in order by the first two letters. Ab Ad Bc Ba
2. Putting cards in order by the first three letters. Ace Abount bed bee.

Skills involved: categorization
visual discrimination
reading
sequencing

Seriation

Color Charts

1. Arrange the color slips from lightest to darkest shade.

Skills involved: visual discrimination
organization
seriation

Measuring cups and spoons

1. Arrange them in order from the biggest to the smallest.

2. Measuring amounts.

3. Making comparisons.

Skills involved: seriation
measurement

Cars

1. Arranging cars according to sizec

Skills involved: seriation
comparing

Paper dolls and dresses.

1. Arranging dolls according to size.

2. Arranging the clothes.

3. Matching clothes to the dolls.

Skills involved: seriation
one to one correspondence

Tactile Activity

Discrimination of rough and smooth

1. By looking and touching the objects.

Objects: Sandpaper, wood, sos pad, a bar of soap, screen.

Other objects would be: bananas, apples, pineapple, coconut.

Skills involved: visual discrimination
tactile discrimination
categorizing

2. By touching the object. - The student is blindfolded.

Objects: sandpaper, wood, sos pad, a bar of soap, screen.

Other objects could be: banana, apple, pineapple, coconut.

Materials: cotton, jersey, wool, cordoroy.

Skills involved: tactile discrimination
categorization.

Discrimination of soft and hard

1. By looking and touching the objects.

Objects: cotton, yarn, wood, metal sponge, plastic bag, feathers.

Skills involved: visual discrimination
tactile discrimination
categorization

2. By touching the objects - The student is blindfolded.

Skills involved: tactile discrimination
categorization

Packaging Activities

Packaging in Baggies

Materials - Baked goods, candies, etc.

1. Package a specific number in a bag.
2. Package several varieties of one item in a bag.

Child A - put in 2 red lollipops
Child B - put in 2 orange lollipops
Child C - put in 2 green lollipops
Child D - staple bag shut

Skills involved: counting
color recognition
fine motor

Materials: Bobby pins, cardboard, plastic bags

1. Measure and cut cardboard 4" x 3".
2. Place 10 bobby pins on a card.
3. Place card in plastic bag.
4. Tape bag closed.

Skills involved: measuring
fine motor

Packaging in boxes, egg cartons.

Skill: 1 to 1 correspondence

Wrapping items in foil, waxpaper, saran wrap

Skill: fine motor

Packaging in Ziploc Bags

Materials: 4 rolls of 1" ribbons of various colors, 4" x 10" cardboard pieces

1. Cut lengths of ribbon 18". Each child can cut different color.
2. Cut cardboard strips.
3. Tape 4 ribbons (one of each color) on card.
4. Put card inside Ziploc Bag- press close.

Skills involved: measuring
color recognition
fine motor

Assembling Activities

Ball Point Pens

Parts: refill, spring, bottom, covertop

1. Putspring on refill.
2. Put on bottom part of pen.
3. Put on top of pen, screw together.
4. Package in box of one dozen.

Skills involved: matching
fine motor
1 to 1 correspondence
counting

Assembling Picture Frames

Materials - 4 strips of wood (can buy unfinished frames at craft stores, glue, sandpaper, stain

1. Sandpaper rough edges.
2. Glue together 4 parts.
3. Stain frame

Skills involved: tactile discrimination - rough or smooth
fine motor

Assembling Jewelry Kit

Materials: beads, elastic, bags

1. Measure length of elastic for necklace (12") or bracelet (7"). Place in bag.
2. Count out number of beads.
   1/4" beads necklace 48 1/2" beads 24
   1/4" beads bracelet 28 1/2" beads 14
3. Place in bag.
4. Staple bag shut.

Skills involved: measuring, counting, fine motor

Holiday Decorations

Break down project into steps. Have each child perform a step.

Popsicle Stick Planter

Materials: popsicle sticks, Elmer's Glue paint

1. Glue sticks for bottom.
2. Glue sticks for sides.
3. Paint planters.

A small potted plant could be added.

Other Activities including step by step processes

Terrariums

Materials: empty jars, potting soil, charcoal, gravel, plants

1. Pour in measured amount of gravel
2. Pour in measured amount of charcoal.
3. Pour in measured amount of potting soil.
4. Plant small terrarium type plants
5. Screw on cover.

Skills involved: measuring
fine motor

Can have people save mayonnaise, jelly or peasut butter jars.
Can collect plants in the woods - moss, small plants.
Can buy in bulk supplies from a nursery.

Decoupage

Materials - Blocks of wood, glue, polymer finish, stain, sandpaper, plywood, magazine pictures.

1. Sand plaque.
2. Stain plaque, dry.
3. Glue on pictures.
4. Put finish on picture.

Skills involved: Tactile discrimination - rough or smooth
fine motor

Notecards

Materials - unlined paper, notesized envelopes, lineoleum print, ziploc bags. tile and ink.

1. Cut paper 8" x5" size. Capable child can use paper cutter.
2. Fold paper in half 4" x 5".
3. Stamp design on front.
4. Match 6 cards and 6 envelopes.
5. Package in a plastic ziploc bag.

Skills involved: measuring
fine motor
matching

*Could use typing paper

Pre-Vocational and Vocational Programming for Deaf-Blind Students at The New York Institute for the Education of the Blind

Presented by Bernadette M. Kappen
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The education of deaf-blind students is a difficult and expensive task. The problem becomes more complex as the student reaches adolescence. Often the student has limited communication skills, poor mobility and is exhibiting increased behavior problems. Evaluation of the program gives some indication that the student may be bored, frustrated and unmotivated by his program. The majority of the deaf-blind students in the nation are now about thirteen years old. Many of these teen-agers have been in programs since age four or five. It is important to step back and evaluate our delivery of service. Has the program grown and expanded to meet the needs of the students or are we still offering the same skill training? The pre-vocational program at The New York Institute developed as a result of the student's needs to be challenged and offered new learning experiences. Every educational program aims to reduce dependency and to increase independence. This goal is compatible with the goals of the rehabilitation process.

After studying the unsuccessful rehabilitation placements of several higher functioning deaf-blind Institute graduates, the staff felt the need to better prepare the students for the future. If a deaf-blind person needs constant stimulation in school how can we send him out at age 21 to an inadequate placement? The immediate result is loss of communication skills, decreased mobility, increased self-stimulation, depression, behavioral problems and severe loneliness.

Planning for the future must be incorporated into the student's Individualized Education Plan. The students have extremely delayed development, so it is vital to work on skills necessary for future living and work placements. We have focused on the following when planning the educational rehabilitation program:

Possible Work Setting	Living Environments
Competitive Employment	Independent
Sheltered Workshop	Semi-Supervised
Work-Activities Center	Totally Supervised
Custodial Care	Custodial Care

The student's present level of functioning is evaluated and after talking with the staff and student's family an estimation of possible adult functioning is made. The student is then offered a program that will help him master entry level

requirements for the work and living situation. The progress is re-evaluated annually to leave room for skills improvement and development of potential.

The pre-vocational services at The New York Institute are not only designed to supplement the classroom program but are becoming more a part of every educational experience. It is now necessary to deal with the whole child and his life. At the Institute "pre-vocational" means the entire process of work readiness, from the development of appropriate toileting habits, and personal care skills to the acquisition of desirable attitudes toward the world of work to having basic work skills necessary for employment.

Pre-vocational may mean a specific program component but it also refers to a different perspective -- a new way of viewing what is already in progress. For example; many skills and habits valued and taught at home and in the classroom will also be required in a work setting. To take a pre-vocational perspective requires that parents and staff relate current educational programs and goals to the student's anticipated rehabilitation potential.

The New York Institute serves approximately ninety deaf-blind students of various functioning levels. This allows for an extensive program in the area of pre-vocational training.

The remaining discussion will give an overview of the services provided to the students with emphasis on fitting into the rehabilitation process.

It is important to point out that actual manipulative skill development is not the primary focus of the program. The program stresses the need to acquire appropriate work habits, language and communication skills, mobility and most important to foster a feeling of self-worth. As the staff work with the deaf-blind students it becomes evident that most of the students have a very poor self-concept. The students are often very passive and fearful of making a mistake. This contributes to their dependence and unassertive behavior. To help the students improve in the area of affective development, the Institute uses task analysis in setting up the work tasks. This task breakdown eliminates initial failure and motivates the student. The students are less tense in work situations because they can see their accomplishments and understand what is expected. A critical factor in successful job placement is healthy emotional development. Using task analysis with severely disabled students allows for ego development. Everyone needs to feel successful and work is a positive reinforcer for building self-concept.

The pre-vocational components of the program include the following:

1. Activities of Daily Living:

Independence in daily living is a necessary requirement for successful job placement. The students work on basic self-care, simple homemaking, personal management, food preparation and crafts. They participate from one to five days a week, depending on their needs. The Daily Living Skills Program uses apartment settings as well as the child's living setting for training.

Staff members in rehabilitation agencies indicate the need for good self-care skills. A student may be successful in the workshop, however this will not be enough to meet the requirements of the world of work.

2. Mobility:

Deaf-blind students need early training to be absorbed into a future work setting. Route training has been successful with the multi-handicapped deaf-blind. If this is true, it is helpful to know the job placement and to train the student in the setting if possible. Some of the skills will transfer to new environments but mobility will be a service needed throughout the deaf-blind person's life.

3. Simulated Workshop:

The workshop is used to initially assess work habits and work skills, using a variety of packaging, assembly, and sorting activities. The major goal of the simulated workshop is to

develop good work habits that will generalize not only to a later work site on the campus, but also, to the classroom, home and, ultimately, "the world of work". The simulated workshop is used to build a student's endurance for work. The student is reimbursed for his work by pennies which can be spent in a small token store or used in the coffee shop.

4. Maintenance:

The students are taught skills necessary for porter, maid and out-door groundsmen jobs. The tasks such as mopping, sweeping and dusting can also be used in a future living situation.

5. Food Service:

The students are given specific training in operating industrial dishwashers in the houses on the campus. Clean-up and maintenance of the dining room is also part of the learning experience.

The maintenance and food services component of the program provides opportunity to evaluate students in jobs that require movement and standing for long periods of time. Some students show a preference for this type of gross motor task.

6. Coffee Shop:

To help the student learn to relate to other people and handle more than one task at a time a small coffee shop is used as a training station. The students are involved in simple

clean-up chores, food preparation, collecting money and making change, and general clean-up. This is an excellent training vehicle for increasing expressive communication skills as well as working on sequencing skills. It is possible to evaluate how the student will perform under pressure when asked to do more than one task at a time.

7. Sewing and Horticulture:

Both of these program components are taught for future vocational possibilities as well as for personal enjoyment. If we do consider the total needs of the child we must also plan for his non-working time.

8. For adolescent students who exhibit aptitude in vocational/technical skills, the Institute has developed a relationship with J.F.Kennedy High School in the Bronx. Presently, five deaf-blind students are taking classes in auto mechanics, printing-drafting, and home repairs. In addition to the vocational skill development, the students are increasing their mobility, and interacting with deaf and non-handicapped students.

In the next few years the Institute is planning to send several of the Rubella Epidemic deaf-blind students to J.F. Kennedy High School for vocational training. It seems foolish

to duplicate a training area at the Institute instead of trying to have the student get the needed service in the community.

9. Work-Study:

The on-campus work experience is used by the rehabilitation counselor as the basis for discussing areas of competence as well as those needing remediation. Job placements on the campus are in the area of maintenance, print shop assistant, newspaper delivery, dishwasher, child care assistant, and soda machine maintenance.

The on-campus work experience allows the rehabilitation counselor the time necessary to evaluate the student for off-campus placement.

The pre-vocational components described are activities the Institute provides but to aid the student in the total rehabilitation process, contacts must be made with rehabilitation personnel in the community. At age sixteen each deaf-blind student is referred to the rehabilitation agency in his community. The staff at the Institute feels that it is necessary for the student to be referred as early as possible to be certain that an appropriate plan exists at age twenty-one. Most rehabilitation counselors are unfamiliar with the needs of the deaf-blind client and therefore, the school must aid in this transition.

At age eighteen the students are referred for an independent vocational evaluation. The unique communication and knowledge requirements associated with deaf-blindness requires modification in instrumentation, techniques and methodologies, but the goals and objectives of vocational evaluation, remain the same as with other clients. Therefore, deaf-blind clients can be evaluated at local agencies if the staff is given support from the school staff.

The evaluation is helpful to the school staff because the client is viewed as an adult and his school skills are being put to practical use. The report from the evaluation indicates the weak areas and the school personnel can work to improve the student's level of functioning before age twenty-one. In summary, the objectives of the vocational evaluation are:

1. determining potential for rehabilitation
2. identifying assets of an individual
3. identifying specific problems interfering with client rehabilitation
4. ascertaining a vocational direction
5. developing a recommended plan of action

From reviewing vocational evaluations done on our students certain areas continue to appear and are offered as factors that indicate successful placement of deaf-blind individuals:

1. The ability of the deaf-blind individual to communicate on the job, and to express his basic needs.
2. Good self-image: positive self-concept, self-confidence.
3. Independence, on and off the job, in caring for oneself, avoiding danger, toileting and mobility.
4. Receptiveness to learning new skills and flexibility in performing a variety of tasks.
5. High motivation to perform on the job and to work a prescribed number of hours.
6. Assertiveness.

To enhance the student's program and possibility of job success, the Institute has developed several new program components during the past year. A simulated group home has been set up for twenty-five students. The students are responsible for meal preparation and routine maintenance in the house. To improve the leisure-time program and after school activities a teacher works in the evening with the para-professional staff.

A program focusing on career education has also been offered to many of the deaf-blind students. The students are offered activities to improve self-concept, make choices, become aware of various jobs and understand the implications of their disabilities.

Counseling is an important area for deaf-blind students. The communication problems often interfere with routine techniques but adaptations must be made to provide good mental health in the students. Using video-tapes of the students in a work environment provides an opportunity to have the student reflect on his own behavior and make the necessary changes to become more socially acceptable.

In summary, all the components of the pre-vocational program are aimed at reducing dependency. The program is aimed at helping the deaf-blind student reach the highest possible level of functioning. An important aspect of the program is to develop the individual's self-concept or sense of identity and this is shaped in part by the social roles he plays.

The professional workers who serve deaf-blind students must begin to look at the total needs of the students and plan for successful rehabilitation programs. It will require a commitment from school personnel, state and local leaders in rehabilitation to achieve this success. It is critical that plans begin now to prepare programs to meet the needs of the deaf-blind population.